L23000335158

(Requestor's Name)
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SECRETARY OF SHALL ALL ASSET FINANCES SAUGHELMEY OF SHALL

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COVER LETTER

TO:	Registration S Division of Co					
elib ira		ERFECT ANNIVERSARY 135	426 LLC			
SUBJEC	<u> </u>	Name of Limited Liability Company				
The encl	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all corresp	ondence concerning this matter	to the following:			
		EVGENIY RIKOV, CPA				
			Name of Person			
		CFO INTERNATIONAL	LLC			
			Firm/Company			
		3500 W HALLANDALE	BEACH BLVD			
			Address			
		HOLLYWOOD, FL 3302	3			
		,,	City/State and Zip Code	_		
		EUGENE@CFOINTL.CO.		2024 SE(
		E-mail address: (to be used for future annual report notification)	2024 OCT -5 SECRETARY NALLAND		
For furth	er information	concerning this matter, please c	alf:			
EVGEN	IIY RIKOV, CP	'A	571 314-2515 at ()	74 P		
	Name o	of Person	Area Code Daytime Telephone Nur	PH 1: 42		
Enclosed	l is a check for t	he following amount:				
■ \$25.	(9) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee. ficate of Status & fied Copy ional copy is enclosed?		
	Mailing Addre Registration Division of C P.O. Box 632	Section Torporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR PERFECT ANNIVERSARY 135426 LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Deliga Canaco)	wanni y Combany)
The Articles of Organization for this Limited Liability Company	were filed on 07/14/2023 and assigned
Florida document number L23000335158	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH BLVD
(Principal office address MUST BE A STREET ADDRESS)	STE 112
	HOLLYWOOD, FL 33023
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605. F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, Fl. 330	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			[]Changa

Effective date, if other than the date of filing: 10/04/2023 (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605/1207 t. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after the cord is filed. Dated Dated Nignature of a member or authorized representative of a member EVGENIY RIKOV, CPA		
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Dated 10.4.23 Signature of a member or authorized representative of a member	(If an eff <u>Note:</u>	ve date, if other than the date of filing:
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	10.4. 23
EVGENIY RIKOV, CPA		Signature of a member or authorized representative of a member
Typed or printed name of signee		EVGENIY RIKOV, CPA

Filing Fee: \$25.00