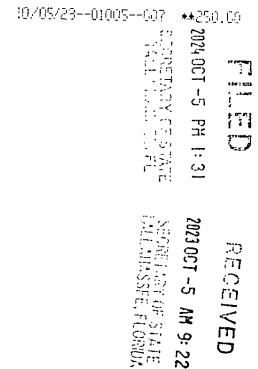
L23000335823

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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OCT 0 6 2023 D CUSHING

Mailing Address:

S25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$60.00 Filing FeE?

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 07/14/2023 and assigned		
Florida document number 1.23000335323			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" 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 138		
	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 register		
Name of New Registered Agent:			
New Registered Office Address:	. ့ ည		
	Enter Florida street address		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

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>	Address	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FL 330	
			🗀 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			_ □Add
			_ □Remove
			_ □Change

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(H'an effecti <u>Note:</u> If t	date, if other than the date of filing: (optional) ve 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 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as its effective date on the Department of State's records.
record is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10.4.23 The
	Signature of a member or authorized representative of a member
	EVGENIY RIKOV, CPA
	Typed or printed name of signee

Filing Fee: \$25.00