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COVER LETTER

TO: Registration Se Division of Cor		The state of the s	* .
	DK1D8 132455 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EVGENIY RIKOV, CPA		
		Name of Person	
	CFO INTERNATIONAL.	LLC	
		Firm/Company	
		Address	<u></u>
	HOLLYWOOD, FL 3302	3	
		City/State and Zip Code	
	EUGENE@CFOINTL.CO		20
	E-mail address: (to be used for future annual report notification	
For further information e	oncerning this matter, please c	all:	-1 C) ***********************************
EVGENIY RIKOV, CPA		571 314-2515	J. J.
Name o	l Person	Area Code Daytime Teleph	tone Number
Enclosed is a check for th	e following amount:		r-: +-
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOODANDKIDS 132455 LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.23000335367	were filed on 07/14/2023	and assigned	
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 Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH BL	VI)	
(Principal office address MUST BE A STREET ADDRESS)	STE 142		
	HOLLYWOOD, FL 33023		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		12	
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the nar</u>	ne of the new registere	
agent and/or the new registered office address here:			
Name of New Registered Agent:		——	
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	Сиу	Zip Code	

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.

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 3302	3 _ ■ Add
			_ □Remove
			_ []Change
			_ □Add
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			_ □Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (Optional) (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 605,0207 (3)(b) 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. If 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 record is filed. Signature of a member or authorized representative of a member EVGENIY RIKOV, CPA

. . . .

Typed or printed name of signee