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Office Use Only



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## **COVER LETTER**

	egistration Sec ivision of Corp		٠	•		
SUBJECT		AVUS 145795 LLC				
SOBJECT 1	•	Name of Lin	nited Liability Company			
The enclos	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspon	idence concerning this matter	to the following:			
		EVGENIY RIKOV, CPA				
	Firm/Company					
		3500 W HALLANDALE	NDALE BEACH BLVD			
		HOLLYWOOD, FL 3302	3			
		EUGENE@CFOINTL.CO	City/State and Zip Code M			
		E-mail address: (	to be used for future annual report notifica	ation)		
For further	information co	ncerning this matter, please c	all:		~3	
EVGENIY	RIKOV, CPA		571 314-2515	 م	1924 1-100	
	Name of I	Person	at () Area Code Daytime T	elephone Number	2024 OCT -5 SI (NEIVE)	1000 E
Enclosed is	a check for the	following amount:		r.	-5 AM	g. met re
<b>■</b> \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing I Certificate of Certified Copy tadditional copy	Status &	ل
	niling Address:		Street Address:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

OSTEOPRAVUS 145795 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/17/2023 and assigned Florida document number  $\frac{1.23000337400}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3500 W HALLANDALE BEACH BLVD Enter new principal offices address, if applicable: STE 136 (Principal office address MUST BE A STREET ADDRESS) 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 address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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. 33	
		<u> </u>	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-2	10/04/2023
(If an effect <u>Note:</u> If	e date, if other than the date of filing:  [10/04/2025]  (optional)  ive 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)(1) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
f the record s ecord 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
	Signature of a member or authorized representative of a member
	EVGENIY RIKOV, CPA
	Typed or printed name of signee

Filing Fee: \$25.00