

L23000337400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

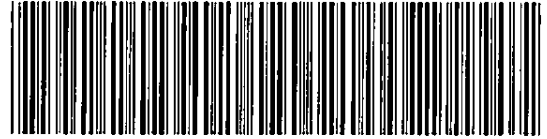
(Business Entity Name)

(Document Number)

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2024 OCT -5 AM 10:02  
SECRETARY OF SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 05 2023

D CUSHING

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OSTEOPRAVUS 145795 LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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 33023  
City/State and Zip Code  
EUGENE@CFOINTL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVGENIY RIKOV, CPA at ( 571 ) 314-2515  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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

**FILED**  
 2024 OCT -5 AM 11:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FL



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>	<u>Type of Action</u>
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FL 33023	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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