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		COVERTELLER	•		
TO: Registration S Division of Co					
SCAPPA SUBJECT:	133334 LLC	-			
30031.017	Name of Lir	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	EVGENIY RIKOV, CPA				
		Name of Person	-		
	CFO INTERNATIONAL	, LLC			
		Firm/Company			
	3500 W HALLANDALE	BEACH BLVD			
		Address			
	HOLLYWOOD, FL 3302			, 	2021
	EUGENE@CFOINTL.CO				2024 OCT -5
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual reall:	port notification)		+ € -5
EVGENIY RIKOV, CP.		at ()	2515	7:35 7:35	81: Kd
Name c	of Person	Area Code	Daytime Telepho	ne Number - FF:	ω
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	itus &

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

SCAPPA 133334 LLC		
(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 <u>07/18/2023</u>	and assigned
Florida document number 1.23000340055		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility 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 BI	.VD
(Principal office address MUST BE A STREET ADDRESS)	STE 143	
	HOLLYWOOD, FL 33023	
Enter new mailing address, if applicable:		2024 OC
(Mailing address MAY BE A POST OFFICE BOX)		
		>2 5 · 1
B. If amending the registered agent and/or registered office a	address on our resource autouthe and	
agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registere
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 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>	Address	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FL 33	
			□Remove
			□Change
			DAdd
			🗆 Remove
			□Change
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and common be prior to date of filing or more than 90 days after filing.) Pursuant to 60? Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list 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 cord is filed.	_
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Dated / Uriliania.	
Dated	
Signature of a member or authorized representative of a member	
EVGENIY RIKOV, CPA	

Filing Fee: \$25.00