L23000340171

(Requestor's Name)
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PICK-UP WAIT MAIL
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TO: Registration So		COVER LETTER	g ·• •		
ENJOYTH	IEBONES H8141 LLC	, ,			
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub				
	EVGENIY RIKOV, CPA				
		Name of Person			
	CFO INTERNATIONAL	, LLC			
		Firm/Company			
	3500 W HALLANDALE	BEACH BLVD			
		Address			
	HOLLYWOOD, FL 3302	3			
		City/State and Zip Code			
	EUGENE@CFOINTL.CO			207 S.S.	
		to be used for future annual report notif	ication)	2024 OCT SECRETA	•••
For further information c	oncerning this matter, please c	all:			- न करा स्था •=====
EVGENIY RIKOV, CPA	١	571 314-2515 at ()		5 5 5 7 7	en ud
	f Person	Area Code Daytime	Telephone Number	PM 1: 31	ه د ي وسدس الحوص
Enclosed is a cheek for th	-				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

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

ENJOYTHEBONES 118141 LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000340171}{1.00000000000000000000000000000000000$	were filed on 07/18/2023	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	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 148	· · · · · · · · · · · · · · · · · · ·
	HOLLYWOOD, FL 33023	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		20
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the na</u>	me of the new registers
agent and/or the new registered office address here:		5 5 7
Name of New Registered Agent:		
New Registered Office Address:		\tilde{E}_{ij}^{α} $\tilde{\omega}$
	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, Ft. 3	□ • • •
			□Remove
		<u> </u>	□Change
			□Add
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	10/04/2023
(If an el	(optional) Receive date, if other than the date of filing: (optional) Receive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	rd 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 led.
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