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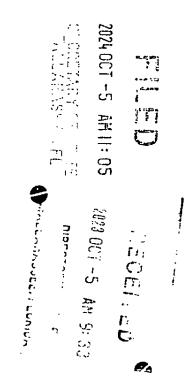
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■ \$25.00 Filing Fee

□ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANDMADE CRAFTS 83669 LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 07/18/2023	and assigned
Florida document number 1.23000340215		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	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 BEAG		.VD
Principal office address MUST BE A STREET ADDRESS)	STE 146	
<del></del>	HOLLYWOOD, FL 33023	
Enter new mailing address, if applicable:		_
Mailing address MAY BE A POST OFFICE BOX)		
		1024 DCT
		00 1
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	iddress on our records, enter the nai	me of the new register
gent and/or the new registered office address nere:		SO THE PROPERTY OF
Normand Name Development Assess		
Name of New Registered Agent:		AH II: 05
New Registered Office Address:		OI
	Enter Florida street address	
	Florida	<del></del>
	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>	<u>Address</u>	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FL 3	
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	10/04/2023
(If an el Note:	tive date, if other than the date of filing:  [10704/2023]  [Coptional]  [Sective 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 in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next seffective date on the Department of State's records.
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the iled.
	10.4.23
Dated	10.7.6
	Signature of a member or authorized representative of a member
	EVGENIY RIKOV, CPA
	Typed or printed name of signee

Filing Fee: \$25.00