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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Duning on Fath, Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| - | SCARF 52565 LLC | • • • | à | |
|-----------------------------|---|---|---|------------|
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | f Amendment and fee(s) are su | bmitted for filing. | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | |
| | EVGENIY RIKOV, CPA | | | |
| | | Name of Person | <u></u> | |
| | CFO INTERNATIONAL | . L.L.C | | |
| | | Firm/Company | | |
| | 3500 W HALLANDALE | BEACH BLVD | | |
| | | Address | | |
| | HOLLYWOOD, FL 3302 | 3 | | |
| | | City/State and Zip Code | | |
| | EUGENE@CFOINTL.CO | | | |
| | | to be used for future annual report noti | fication) | |
| For further information of | concerning this matter, please c | all: | | . 3 |
| EVGENIY RIKOV, CP. | A | 571 314-2515 | | 53L- |
| Name o | of Person | at () Area Code Daytime | e Telephone Number | |
| Enclosed is a check for the | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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

| HAPPY SCARF 52565 LLC | | | |
|---|--|-----------------------|--|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000342433}{1.23000342433}$ | were filed on 07/19/2023 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ulity 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 BLV | | VD | |
| (Principal office address MUST BE A STREET ADDRESS) | STE 163 | | |
| | 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 and and/or the new registered office address here: | nddress on our records, enter the nai | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | (a) | |
| | 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> | <u>Address</u> | Type of Action |
|--------------|---------------|---|----------------|
| AMBR | EVGENIY RIKOV | 3500 W Hallandale Beach Blvd, Hollywood, FL 3 | |
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| D. Hamen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effect <u>Note:</u> If | date, if other than the date of filing: 10/04/2023 (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)8the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the case effective date on the Department of State's records. |
| If the record s record 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