## L23000342520

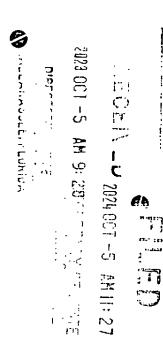
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·	COVER LETTER
TO: Registration Section Division of Corporations	
FANTASY GOTHIC W	ORLD 73520 LLC  Name of Limited Liability Company
The enclosed Articles of Amendment Please return all correspondence conce	· ·
EVGEN	IY RIKOV, CPA
	Name of Person
CFO INT	FERNATIONAL, LLC
<del></del>	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 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

(additional copy is enclosed).

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FANTASY GOTHIC WORLD 73520 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 $\frac{1.23000342520}{1.00000000000000000000000000000000000$	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	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH BLY	VD
(Principal office address MUST BE A STREET ADDRESS)	STE 119	
	HOLLYWOOD, FL 33023	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7.02 
		9 "
		1 —1 a
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the nan</u>	ne of the new register
agent and/or the new registered office address here:		7 2
Name of New Registered Agent:		- 1 2
New Registered Office Address:		<del></del>
	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 3.	3023 ■Add
			□Remove
			□ Change
		<del></del>	🗆 Add
			□Remove
			□Add
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Effect	ve date, if other than the date of filing:
Note:	ective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e recor	d 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 ed.
	106.32
Dated	10,4.23 - The

Filing Fee: \$25.00

Typed or printed name of signee