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COVER LETTER

GLASSVIBE 72730 LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	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		SES	7074 OCT
	EUGENE@CFOINTL.CO	M		- 	\supseteq
		to be used for future annual rep	ort notification))T -5
For further information c	oncerning this matter, please o	all:		· /) · · · ·	
EVGENTY RIKOV, CP	1	571 314-2	2515	70	
Name o	f Person	 ` -`	Daytime Telephone Number	rii	 : 6
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	ed) 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

GLASSVIBE 72730 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	were filed on <u>07/20/2023</u>	and assigned
Florida document number 1.23000343443		
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	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH BLVD	
(Principal office address MUST BE A STREET ADDRESS)	STE 127	
	HOLLYWOOD, FL 33023	
Enter new mailing address, if applicable:		2024 SECI
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		75 J. F
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new registe
igent and/or the new registered office address here:		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zin Codo

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 Changing Registered Agent, Signature of New Registered Agent

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
			□ Add
			□Remove
			□Change
			🗆 Add
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	<u> </u>
(If an ef <u>Note:</u>	ive date, if other than the date of filing: 10/04/2023 (optional) icetive 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 tent's effective date on the Department of State's records.
the reco	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 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