L2300034358D

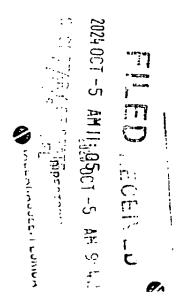
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration S Division of Co		•			
HANDMA	ADE BY VALKOVA 91787 LI	L.C			
SUBILCT:	Name of Lin	nited Liability Company	 -		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	EVGENIY RIKOV, CPA				
		Name of Person			
	CFO INTERNATIONAL	, LLC			
		Firm/Company			
	3500 W HALLANDALE	BEACH BLVD			
		Address			
	HOLLYWOOD, Ft. 3302	3			
		City/State and Zip Code			
	EUGENE@CFOINTL.CO				
	E-mail address: (to be used for future annual report notif	ication)	20 81	
For further information of	concerning this matter, please c	all:)24 0 - C: -	ernyess
EVGENTY RIKOV, CP	A	571 314-2515		2024 OCT -5	- CO 20
Name (of Person	Area Code Daytime	: Telephone Number	<u> </u>	
Enclosed is a check for t	he following amount:			0:	U
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (ing Fee, e 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

HANDMADE BY VALKOVA 91787 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 <u>L23000343580</u>	were filed on	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 abb	reviation "L.E.C."	
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH BLVE)	
(Principal office address MUST BE A STREET ADDRESS)	STE 249		
	HOLLYWOOD, FL 33023		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		. 2	
		024	
		<u> </u>	
B. If amending the registered agent and/or registered office a	address on our records, enter the name	of the new registere	
agent and/or the new registered office address here:	•		
Name of New Registered Agent:			
New Registered Office Address:	·	ं ज	
	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 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>	Name	Address	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, Fl	
			□Remove
			□Change
			□Add
			□Remove
			□Change
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m ne	10/04/2023
f an effec	te date, if other than the date of filing: (optional) tive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that is effective date on the Department of State's records.
<u>Note:</u> 1	
Note: 1 locumer	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 d.
Note: 1: locumei	d.
Note: 1 locument record d is file	d.
Note: 1 locument record d is file	10, 4, 23
Note: 1 locument record d is file	d.

Filing Fee: \$25.00