## L23000343592

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⊋″ Division of Gor	porations		.e.	•	
SUBJECT:	UMMY 72173 LLC				
	Name of Lir	nited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspon	ndence concerning this matter	r to the following:			
	EVGENIY RIKOV, CPA				
		Name of Person			
	CFO INTERNATIONAL	, LLC			
	<del></del>	Firm/Company			
	3500 W HALLANDALE	BEACH BLVD			
		Address			
	HOLLYWOOD, FL 3302	3			
	EUGENE@CFOINTL.CO.	City/State and Zip Code M			
	E-mail address: (	to be used for future annual report noti	fication)		
For further information co	ncerning this matter, please c	all:			
EVGENIY RIKOV, CPA		571 314-2515		2024 0	r an
Name of	Person		e Telephone Number	2024 OCT -5	O'ELIT.
Enclosed is a check for the	e following amount:			AH	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	أحبيعا

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

FLUFFY TUMMY 72173 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/20/2023 \_\_\_\_\_ and assigned Florida document number 1.23000343592 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3500 W HALLANDALE BEACH BLVD Enter new principal offices address, if applicable: STE 256 (Principal office address MUST BE A STREET ADDRESS) HOLLYWOOD, FL 33023 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_ Florida \_

## 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.

City

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 Haflandale Beach Blvd, Hollywood, FL	33023 ■ Add
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(If an effecti Note: If	date, if other than the date of filing:  (optional)  ve 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's 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
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	- Marian de la companya della companya della companya de la companya de la companya della compan
	Signature of a member or authorized representative of a member
	EVGENIY RIKOV, CPA
	Typed or printed name of signee

Filing Fee: \$25.00