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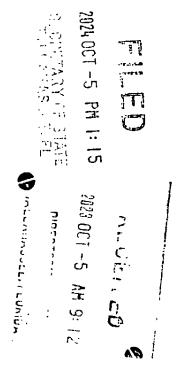
(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Pertified Copies Certificates of Status Special Instructions to Filing Officer:
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COVER LETTER TO: Registration Section **Division of Corporations** TARCOMPANY 146449 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 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:

Mailing Address:

■ \$25.00 Filing Fee

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

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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

☐ \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TARCOMPANY 146449 LLC			
(Name of the Limited Liability Comp (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 L23000343598			
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" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEAC	E BEACH BLVD	
(Principal office address MUST BE A STREET ADDRESS)	STE 166	~2	
	HOLLYWOOD, FL 33023	J24	
Enter new mailing address, if applicable:		र्क ज हा	
(Mailing address MAY BE A POST OFFICE BOX)		25 - 11	
		<u> </u>	
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 th</u>	e name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address		
	Flori		
	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>	<u>Name</u>	Address	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FL 33	
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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l' cc	10/04/2023
lf an efi <u>Note:</u>	ive date, if other than the date of filing: (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
rd is fi	
Dated	10.4.23
	Alle
	Signature of a member or authorized representative of a member
	EVGENIY RIKOV, CPA
	Typed or printed name of signee

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Filing Fee: \$25.00