L23000344208

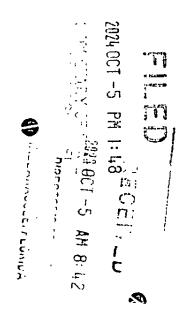
(Reques	or's Name)	
(Address	:)	
,	,	
(Address	i)	<u>.</u>
(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busines	s Entity Name)	
(Docume	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Of	icer:	
		i
		+

Office Use Only



800416859288

10/05/23--01001--011 **200.30



OCT 0 6 2023

D CUSHING

COVER LETTER

	stration Secti ion of Corpo		P			
	CRAFTSETT	ERS 84640 LLC				
SUBJECT: _		Name of Li	nited Liability Company			
		nendment and fee(s) are su	-			
Please return a	ill correspond	ence concerning this matte	r to the following:			
		EVGENIY RIKOV, CPA				
			Name of Person			
		CFO INTERNATIONAL	. LLC			
			Firm/Company	·····		
		3500 W HALLANDALE	BEACH BLVD			
			Address			
		HOLLYWOOD, FL 3302	13			
		EUGENE@CFOINTL.CC	City/State and Zip Code		2024 OCT -5	e -
	-	E-mail address:	(to be used for future annual report notifi	cation)	OCT	
For further inf	ormation conc	terning this matter, please of	rall:		40CT-5 P	9 - 24 T
EVGENIY RI	KOV, CPA		571 314-2515		? - PH	444
	Name of Po	erson	Area Code Daytime	Telephone Number	— -: 1. 1. 1. 1. 1. 1. 1. 1.	الما
Enclosed is a c	heck for the f	Ollowing amount:			i · i · · ·	
≡ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Copy (additional copy	f Status & py	
<u>Maili</u>	ng Address:		Street Address:			

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

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

CRAFTSETTERS 84640 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 07/20/2023	and assigned
Florida document number <u>1.23000344208</u>		
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" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEAC	H BLVD
(Principal office address MUST BE A STREET ADDRESS)	STE 171	
	HOLLYWOOD, FL 33023	
Enter new mailing address, if applicable:		20 24
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter th	
Name of New Registered Agent:		:1 00
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	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.	. 33023 ■Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
		□Remove	
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	10/04/2023
(If an e <u>Note:</u>	tive date, if other than the date of filing: (optional) flective 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 ment's effective date on the Department of State's records.
cord is t	
Dated	10.9.23
	Signature of a member or authorized representative of a member
	EVGENIY RIKOV, CPA Typed or printed name of signee

Filing Fee: \$25.00