## L23000349515

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## **COVER LETTER**

SUBJECT: HEMPOR	GANICLIFE 41333 LLC			
	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please return all correspondence	ondence concerning this matter to the following:			
	EVGENIY RIKOV, CPA			
	Name of Person			
	CFO INTERNATIONAL, LLC			
	3500 W HALLANDALE BEACH BLVD			
	Address			
	HOLLYWOOD, FL 33023			
	City/State and Zip Code			
	EUGENE@CFOINTL.COM	-;; -;;;	2021	
For further information e	E-mail address: (to be used for future annual report notification) oncerning this matter, please call:		2024 OCT -	
EVGENIY RIKOV, CPA	· · · · · · · · · · · · · · · · · · ·	### ##################################	5 AM II: 43	1
Name of Person Area Code Daytime Telephone Number				£.,

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

HEMPORGANICLIFE 41333 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 07/24/2023 \_\_\_\_\_ and assigned Florida document number <u>L23000349515</u> 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." Enter new principal offices address, if applicable: 3500 W HALLANDALE BEACH BLVD STE 176 (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

## 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

. Florida <sub>-</sub>

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	~ · · · ·
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H'an el	tive date, if other than the date of filing:  10/04/2023 (optional)  Rective 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 ment's effective date on the Department of State's records.
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aocur e reco rd is f	ned.
e reco	rd 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 iled.  Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00