## L23000372330

(Requestor's Name)	
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PICK-UP WAIT MA	AIL.
(Business Entity Name)	
(Document Number)	<del>-</del>
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## **COVER LETTER**

Division of Co			
PUZZ DR SUBJECT: <u>*</u>	UMS 87375 LLC		
SUBJECT: 5		nited Liability Company	<del>-</del>
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter	•	
	EVGENIY RIKOV, CPA		
		Name of Person	
	CFO INTERNATIONAL	, LLC	
·		Firm/Company	
	3500 W HALLANDALE	BEACH BLVD	
		Address	
	HOLLYWOOD, FL 3302	3	
		City/State and Zip Code	
	EUGENE@CFOINTL.CO		
For further information (	it-mail address: ( concerning this matter, please c	to be used for future annual report notification) all:	001 -1
EVGENIY RIKOV, CP	'A	571 314-2515	
h Name (	of Person	Area Code Daytime Telephone No	2024-0C1 - 5 - 8M 11: 09
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cert	00 Filing Fee. tificate of Status & tified Copy ttional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 631	' /	The Centre of Tallahassee	

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUZZ DRUMS 87375 LLC		
( <u>Name of the Limited Liability Comp.</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000372330}{1.23000372330}$ .	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 ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH BLV	'D
(Principal office address MUST BE A STREET ADDRESS)	STE 215	
	HOLLYWOOD, FL 33023	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2024,007
ę,		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	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>	<u>Address</u>	Type of Action
AMBR		EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FL 3302	3 _ <b>≡</b> Add
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				_ 🗆 Change
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ffecti	ve date, if other than the date of filing: (optional)
an effi	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing a pursuant to 605 0207.
ore:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
ocum	ent's effective date on the Department of State's records.
record Lis filo	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
ated	10.4.25
	· The
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee