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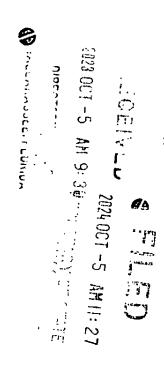
(Requestor's Name)	
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PICK-UP	WAIT	MAIL
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	Business Entity Name)	
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COVER LETTER

TO: Registration S Division of Co			* *	;		
	GIFT HAVEN 28728 LLC		•			
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence 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 3302.	3				
	EUGENE@CFOINTL.CO	City/State and Zip Code				
		to be used for future annual re	port notification)			
For further information c	concerning this matter, please c	all:			202	
EVGENIY RIKOV, CP.		571 314- at ()	2515	(10) (20) (11) (20)	2024 OCT	7
Name o	t Person	Area Code	Daytime Telephon	ne Number	ហ ដូច	
Enclosed is a check for the	he following amount:			·	音ご	7
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed)	S60.00 Filing Fee, 1 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, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FANCIES GIFT HAVEN 28728 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 08/10/2023 ___ and assigned Florida document number 1.23000376925 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 "L.L.C." or the abbreviation "L.L.C." 3500 W HALLANDALE BEACH BLVD Enter new principal offices address, if applicable: STE 220 (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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cirr

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FL 330	023 ■Add
			□Remove
			□Change
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s. Effect (Hang)	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 (3)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	ent's effective date on the Department of State's records.
f the reco	d 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
ecord is f	led.
	10623
Dated	10.4.23
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee