## L23000376945

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies
Special Instructions to Filing Officer:

Office Use Only



100416859741

18/05/23--01901--021 \*\*175.00

FILED Oct 05, 2023 08:00 AM Secretary of State



OCT 0 5 2023

D CUSHING

## **COVER LETTER**

	Registration So Division of Con			
SUBJECT		CHARM 63885 LLC		
SUBJECT	·	Name of Lin	nited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	irn all correspo	ondence concerning this matter	to the following:	
		EVGENIY RIKOV, CPA		FILED
			Name of Person	Oct 05, 2023 08:00 AM
		CFO INTERNATIONAL.	LLC	Secretary of State
			Firm/Company	<del>-</del>
		3500 W HALLANDALE	BEACH BLVD	
			Address	<del></del>
		HOLLYWOOD, FL 3302.	3	
		EUGENE@CFOINTL.CO	City/State and Zip Code	·
		E-mail address: (	to be used for future annual report	notification)
For further	information co	oncerning this matter, please co	all:	
EVGENIY	' RIKOV, CP/	<b>\</b>	571 314-251; at ()	
	Name of	f Person	Area Code Day	stime Telephone Nun
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
	ailing Address egistration S		Street Address Registration	
	ivision of Co		Division of C	
Ρ.	O. Box 632	7		of Tallahassee
Та	allahassee, F	FL 32314	2415 N. Mor	rroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRAFTED CHARM 63885 LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any <u>as it now appears on our records.)</u> Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000376945}{1.23000376945}$ .	were filed on	and assigned
· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH BI	.VD
Principal office address MUST BE A STREET ADDRESS)	STE 221	
	HOLLYWOOD, FL 33023	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	0.40	FILED
		05, 2023 08:00 AN
		ecretary of State
<ol><li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li></ol>	address on our records, <u>enter tne na</u>	ime of/the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_ <del></del>	, Florida _	Zin 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

Title	Name	<u>Address</u>	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FI	
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Add
		<del></del>	□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			T Choward

-	
-	
_	
-	
_	
_	
_	
_	
_	
-	
_	
_	
_	
-	
_	
lffecti	ve date, if other than the date of filing: (optional)
f an effe <u>Note:</u>	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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	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 ed.
record d is file	
record d is file	10/.25
record d is file Dated _	10.423
d is file	10.4.23
d is file	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee