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TO:	Registration Section	
	Division of Corporations	
₹`		· * • • • •
	HELPER TOWER 78054 LLC	
SHRIB	1. J. 1781	

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence 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	23			
	-	City/State and Zip Code		-	
	EUGENE@CFOINTL.CO	M		20 37	
	I:-mail address:	(to be used for future annual report notif	ication)	24 C	• :
For further information of	oncerning this matter, please o	call:		2024 OCT -5 3	**
EVGENIY RIKOV, CP.	A	571 314-2515		<u>ار د</u>	ş. į
Name o	f Person		: Telephone Number	MH: 43	i
Enclosed is a check for the	ne following amount:			ι., ω	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

HELPER TOWER 78054 LLC		
(<u>Name of the Limited Liability Comp</u> (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 _08/14/2023	and assigned
Florida document number 1.23000381160		
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 abb	previation "L.L.C."
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH BLVI)
(Principal office address MUST BE A STREET ADDRESS)	STE 226	
	HOLLYWOOD, FL 33023	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9024
		-8 7
	- <u>-</u>	
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 the name	of the new registere
agent men or the new registered office address nere.		E
Name of New Registered Agent:		当 :
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 33	3023 ■ Add
			□Remove
			DChange
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	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective date Note: If the date	if other than the date of filing: (optional) 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)(2) inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ctive date on the Department of State's records.
f the record specifies ecord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	26.23
	Signature of a member or authorized representative of a member
EVG	ENIY RIKOV, CPA
	Typed or printed name of signee

Filing Fee: \$25.00