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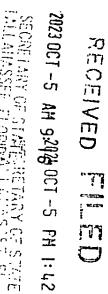
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TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations			
	ZAKHAR	KINS 137455 LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	l 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	. 1.1.C		
		·	Firm/Company		
3500 W HALLANDALE BEACH BLVD Address					
		- 1	Address		
HOLLYWOOD, FL 33023					
		_	City/State and Zip Code		~ 3
		EUGENE@CFOINTL.CO			17. 17.024
For further in	nformation c	E-mail address: (concerning this matter, please c	to be used for future annual report notifical:	ration)	OCT -
EVGENIY RIKOV, CPA 571 314-2515		DOLOCT -5 PH 1: SECRETARY OF ST			
	Name o	if Person	Area Code Daytime	Telephone Number	2024 OCT -5 PH 1:42 SECRETARY OF STATE TALL DIASS
Enclosed is a	check for th	he following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Reg Div		Section Torporations	Street Address: Registration Sect Division of Corp	orations	
P.O. Box 6327 The Cel		The Centre of Ta	Hahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAKHARKINS 137455 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 $\frac{08/16/2023}{2}$ and assigned Florida document number <u>L23000385690</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." 3500 W HALLANDALE BEACH BLVD Enter new principal offices address, if applicable: STE 234 (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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 330.	23 ≡ Add
			🗆 Remove
			□Change
			□Add
			_ □Remove
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			_ □Add
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		- <u>-</u>	□Change
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E. Differentials date of other than the date of filling.	
E. Effective date, if other than the date of filing: (If an effective 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	0207 (3)(h) d as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after record is filed.	the
Dated 10.4.25	
Miles	
Signature of a member or authorized representative of a member	
EVGENIY RIKOV, CPA	
Typed or printed name of signee	

Filing Fee: \$25.00