L23000315699

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

Office Use Only



000414169590

10/05/23--01002--010 **250.00

2024 OCT -5 PH 1: 3

2023 OCT -5 AM 8: 5

OCT 0 6 2023

D CUSHING

COVER LETTER

Div		:		,	<i>)</i>	J
SUBJECT:	SG CREAT	IONS 91736 LLC			•	
		Name of Lin	nited Liability Company			
The enclosed	l Articles of A	amendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
	M.	EVGENIY RIKOV, CPA				
			Name of Person			
		CFO INTERNATIONAL	, LLC			
			Firm/Company			
		3500 W HALLANDALE	BEACH BLVD			
			Address			
		HOLLYWOOD, FL 3302.	3			
	SG CREATIONS 91736 LLC Name of Limited Liability Company he enclosed Articles of Amendment and feers) are submitted for filing. lease 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 33023 City/State and Zip Code EUGENE@CFOINTLCOM E-mail address (to be used for future annual report notification) Francis and Zip Code EUGENIY RIKOV, CPA Area Code VGENIY RIKOV, CPA Name of Person at (1) Area Code Daytime Telephone Number 237 Selected Copy (additional copy is enclosed) Mailing Address: Street Address:					
		_				- 13
r e	SG CREATIONS 91736 LLC Name of Limited Liability Company d Articles of Amendment and feets) are submitted for filling. and 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 33023 City/State and Zip Code EUGENE@CFOINTL.COM E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: RIKOV, CPA Name of Person at 571 Area Code Daytine Telephone Number 3 560.00 Filling Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certificat Copy (additional copy is enclosed)					
For lurther in	formation coi	ncerning this matter, please c	all:			55 P
EVGENIY R	UKOV, CPA			4-2515		- T
	Name of I	Person		Daytime Teleph	one Number	<u>-23: 3</u>
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling Fee		Certified Copy		Certificat Certified	e of Status & Copy
	1					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

s it now appears on our records.) ity Company)			
e filed on and assig and assig	ined		
company here:			
ompany," the designation "LLC" or the abbreviation "L.L.	C."		
500 W HALLANDALE BEACH BLVD			
STE 236			
OLLYWOOD, FL 33023			
2024 OC 8 (CA)			
5 -5	CONTROL OF THE PERSON OF THE P		
ess on our records, enter the name of the new i	i 1 } registere		
Ent in Ulari In America I I	-		
rnier v iorida street address			
. Florida			
	company here: compan		

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 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	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
·			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
_			🗆 Add
			□Remove
			□Change

•	
-	
f an ef. Note:	ive date, if other than the date of filing: [tective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	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 led.
d is fi	
d is fi	10, 9. 23
d is fi	10, 4. 23 Tille
d is fi	Signature of a member or authorized representative of a member

Filing Fee: \$25.00