L23000390328

(Requestor's Name)
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(City/State/Zip/Phone #)
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TO: Registration S Division of Co		* *	• • • • • • • • • • • • • • • • • • •
SOVIETO SUBJECT.	HESSUSSRGIFT 83163 LLC	•	
SUBJECT:	Name of Liu	nited Liability Company	 -
	f Amendment and fee(s) are su ondence concerning this matter	_	
	EVGENIY RIKOV, CPA		
		Name of Person	<u> </u>
	CFO INTERNATIONAL	, LLC	
		Firm/Company	
	3500 W HALLANDALE	BEACH BLVD	
		Address	
	HOLLYWOOD, FL 3302	3	
	EUGENE@CFOINTL.CO	City/State and Zip Code M	., 2
	E-mail address: (to be used for future annual report notifical	
For further information of	concerning this matter, please c	all;	OCT TO THE PROPERTY OF THE PRO
EVGENIY RIKOV, CP	A	571 314-2515	# 5 I
Name (of Person	at ()	lephone Number
Enclosed is a check for the	he following amount:		37
■ \$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 (additional copy is enclosed)
Mailing Addres		Street Address:	

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

SOVIETCHESSUSSRGIFT 83163 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 Florida document number $\frac{1.23000390328}{1.23000390328}$	were filed on 08/18/2023	and assigned
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 abbr-	eviation "L.L,C."
Enter new principal offices address, if applicable:	offices address, if applicable: 3500 W HALLANDALE BEACH BLVD	
(Principal office address MUST BE A STREET ADDRESS)	STE 242	
	HOLLYWOOD, FL 33023	
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)	3	2024 CC: "##
		i di
B. If amending the registered agent and/or registered office a	address on our records, enter the name of	नः of:the new registered
agent and/or the new registered office address here:		-
	់ជ	ို ယိ
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	(C)	

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.

City

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	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			
			□Remove
			□Change
			□ Add
			□Remove

•	
Effect If an ef	ive date, if other than the date of filing: (optional) (ictive 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 605,020.
rote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
u is ii	
Dated	10.4.23 The
	The same of the sa
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00