## L23000406179

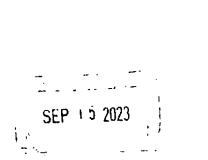
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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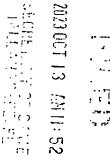
Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
LOVU MIZ	AMULLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Anton Kirichok		
		Name of Person	
	LOVU MIAMI LLC		
		Firm/Company	
330 sunny isles blvd apt 5-1006			
		Address	· · · · · · · · · · · · · · · · · · ·
	sunny isles beach		<b>2</b>
	kirichok,a@btl-forsage.com	City/State and Zip Code	2023 OCT SECRET
	E-mail address: (	to be used for future annual report notificat	ion)
For further information c	oncerning this matter, please ea	all:	
Anton Kirichok		407 9782624 at ()	lephone Number 55
Name o	f Person	Area Code Daytime Te	lephone Number
Enclosed is a check for th	ne following amount:		
■ \$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 Address		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

RECEIVED SEP 1 4 2023

Nos



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVU MIAMI LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	• •	and assigned
Florida document number <u>L2300 406 [7</u>	<u>9</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	tited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	(0-12-
		2736
		THE OCT
Enter new mailing address, if applicable:		5
Mailing address MAY BE A POST OFFICE BOX)		
		1347
		52
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new register
agent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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	Anton Kirichok	330 sunny isles blvd apt 5-1006, SIB, FL, 33160	<b>■</b> Add
			□Remove
			□Change
			🗆 Add
		<del></del>	□Remove
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Effective date, if other than (If an effective date is fisted, the date Note: If the date inserted in this document's effective date on the	the date of filing: must be specific and c s block does not me	annot be prior to det the applicable	ate of filing or more statutory filing re	(option than 90 days after ti quirements, this c	ling.) Pursuant (	to 605.0207 (3 se listed as th
he record specifies a delayed effeord is filed.	ctive date, but not a	n effective time.	at 12:01 a.m. on t	he earlier of: (b)	The 90th day	vafter the
Dated		2023				
	N.					
7. -	7-		ed representative of a			

Filing Fee: \$25.00

Typed or printed name of signee