## L23000407324

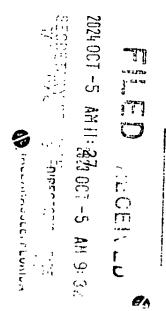
	(Requestor's Name)
	(Address)
<del></del>	(Address)
	(City/State/Zip/Phone #)
☐ PICK-UP	☐ WAIT ☐ MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	57 - 500
Special Instructions to	Filing Officer:





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SUBJECT		TE 69223 LLC								
SUBJECT	•	Name	of Limi	ited Liability Company	<del></del> .		-			
The enclose	ed Articles of	Amendment and fee(s) a	re subi	mitted for filing.						
		ndence concerning this r		-						
		EVGENIY RIKOV,	СРА							
				Name of Person						
		CFO INTERNATIO	NAL.	LLC						
				Firm/Company						
		3500 W HALLAND	ALE P	BEACH BLVD						
				Address						
		HOLLYWOOD, FL	33023							
		EUGENE@CFOINTI	CON	City/State and Zip Co	ode					
		_		o be used for future am	nual report r	notification)				
For further	information co	oncerning this matter, ple	ase ca	ill:						
EVGENIY	RIKOV, CPA			571	314-2515			-16 -16 -10	2024 OCT - 9	esthel
	Name of	Person		at () Area Code	Day	time Telepho	one Number		01	A A
Enclosed is	a check for th	e following amount:							AH II: 2	
<b>\$25.00</b>	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Stat		S55.00 Filing F Certified Copy (additional copy is	;		\$60,00 Fili Certificate Certified C	e of <b>Sta</b> tus Copy	13,	

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

ELEN ELITE 69223 LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 08/30/2023	and assigned			
Florida document number 1.23000407324					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3500 W HALLANDALE BEACH BLVD				
(Principal office address MUST BE A STREET ADDRESS)	STE 264				
	HOLLYWOOD, FL 33023	<del></del>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the na</u>	me of the new registere			
agent and/or the new registered office address here:					
Name of New Registered Agent:		ुं ज			
New Registered Office Address:					
	Enter Florida street address	2			
	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>	Name	Address	Type of Action
AMBR	EVGENIY RIKOV	3500 W Hallandale Beach Blvd, Hollywood, FL 33	
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

E. Effec	tive date, if other than the date of filing: (optional)
(If an el <u>Note:</u>	flective date is listed, the date must be specific and cannot be prior to date of tiling 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.
If the reco record is f	
	10.4.23
Dated	10000
	Signature of a member or authorized representative of a member
	regionale of a member of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee