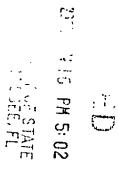
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

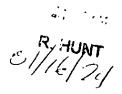
Office Use Only



100420758291



2024 JAN 16 PH 3: 33
TALLAHASSIE FLORIDA



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 1/16/24			**WALK	* 1N**
ENTITY NAME_MRS	SOUTHFLORIDA LLC		77 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
DOCUMENT NUMBE	R			
	PLEASE FILE TH	HE ATTACHED AND RETURN		
XXXXX	Plaix Copy Certified Copy		, .g. ;	
	Certificate of Status		57. 57	
	PLEASE OBTAIN THE F	TOLLOWING FOR THE ABOVE ENTITY	PH 5: 02	- E
	Certified Copy of Arts			
		& Amendments Complete File (Including Annual	Reports)	
	Certificate of Status Certificate of Status Re	flecting;		
	·	NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINA				
NUMBER OF CERTIFICA	ATES REQUESTEV			
TOTAL OWED \$ 55	5	ACCOUNT # 120140000108 // United Corporate Services, Inc. Any issues or concerns, Thank you	ithyleppo	ul
Please call Tina at	the above number for a	iny issues or concerns. Thank you	so much!	

COVER LETTER

TO: Registration S Division of Co	ection rporations					
Mrsouthfle	orida LLC					
SUBJECT:	Name of Limi	ted Liability Company				
	f Amendment and fee(s) are sub-					
Please return an corresp						
	Ilya Ilyabayev			_		
		Name of Person			وبرمه	
		N. (6)		_		
		Firm/Company			i	
	205 SW 28 St.		<u> </u>	_ (<i>t</i>)	C'S	
		Address		ino En la	<u> </u>	:
	Fort Lauderdale, FL 33315	j		四月	PM 5: 02	•
		City/State and Zip Code		11	~	
	Hairvision23@gmail.com E-mail address: (to be used for future annual report notif	ication)			
For further information	concerning this matter, please c	all:				
Alan Rubenstein, Esq.		516 516-658-111				
Name	of Person	Area Code Daytim	e Telephone Numbo	<u></u>		
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	filing Fee cate of State of Copy al copy is c	itus &	
Regi Divi P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mrsouthflorida LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our intel Liability Company)	records.)	
Florida document number L24000007984	pany were filed on January 3, 2	2024a	nd assigned
(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 January 3, 2024 and assigned			
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 abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
	<u>s)</u>	 	<u> </u>
		· · · · · · · · · · · · · · · · · · ·	<u>(</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			lar i
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our re s here:	ecords, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	t address	
		, Florida	rds, enter the name of the new
	City	Zi	p Code
New Registered Agent's Signature, if changing Registered Reg			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my dut. et as provided fo <u>r in Chapter</u>	ies, and I am Jamii 605, F.S. Or. if th	iar with and is document is

ff 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
MGR	Ilya Ilyabayev	205 SW Street	🖾 Add
		Ft. Lauderdale, FL 33315	□ Remove
<u>M</u> GR	Elliot Ilyabayev	205 SW 28 St.	Add
		Fort Lauderdale, FL 33315	🔀 Remove
			Change
			□ Remove
			Change
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Effective date, if other than the date an effective date is listed, the date must be	te of filing	r:	or to date of f	ling or more t	op nan 90 days aft	tional) er filing.) Pursu	ant to 60:	5.02(
Note: If the date inserted in this block document's effective date on the Depa	does not n	nect the appl	icable statut	ory filing red	quirements, th	nis date will no	ot be list	ed a
gocument's effective date on the Depa	inicia oi o	into il rocore						
ne record specifies a delayed e	ffective d	late, but r	ot an e ffe	ctive time	, at 12:01	a.m. on th	e earli	er (
The 90th day after the record	i is filed.							
Dated		2024						

Page 3 of 3

Filing Fee: \$25.00