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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
SUDJECT.	Passion Pos			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Gary Ragusa		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Actus Growth		
		11-71	Firm/Company	
		650 NE 32nd Street, #1805	5	
		-	Address	
		Miami, FL 33137		
			City/State and Zip Code	
		gary@actusgrowth.com		
For further in	nformation co	n-mail address: (oncerning this matter, please ca	to be used for future annual reportable:	et notification)
Gary Ragusa			917 837-05	.27
—————			at ()	
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address		Street Addre Registration	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.(D. Box 632	7	The Centre	of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Passion Posts LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on January 3, 2024	and assigned
Florida document number 1.24000008633		_
riorda document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		······
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
D. If amonding the magistered agent and/or resistant affined	[-]	-645
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	aress on our records, enter the name	of the new registered
The second secon		<u>-</u>
Name of New Registered Agent:		•
New Registered Office Address:		
Negistered Office Address.	Enter Florida street address	
	Florida	Zıp Code
	C ny	z.p i ma
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am factions ovided for in Chapter 605, F.S. Or, if	miliar with and this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	frina Zhikh	13 Long Ridge Road, Acton, MA 01720	= Add
			□Remove
			Change
			□Remove
			Change
			□Add
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ective date, if other than the effective date is listed, the date muce: If the date inserted in this burnent's effective date on the f	st be specific and cannot be prior to date of filing or r lock does not meet the applicable statutory filing	(optional) more than 90 days after filing.) Pursuant to 605.020° ng requirements, this date will not be listed as
cord specifies a delayed effecti s filed.	ve date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
January 9	2024	
9		
<i>[-</i>		>

Typed or printed name of signee