(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J.Dennis may 8th 2024

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COVER LETTER

TO: Registration Section Division of Gorporations

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_
Fee, Status & y is enclosed)

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

(Name of the Limited Limited	Company as it now appears on our record	de)
(A Florida	y Company as it now appears on our record Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 02/09/2024	and assigned
Florida document number L24000089315	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	202
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		φ E m
· · · · · · · · · · · · · · · ·		
Principal office address MUST BE A STREET ADDR	<u> </u>	
		5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	l office address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		<u>. </u>
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street addres	r.s
	, Fl	orida
	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	PETROVSKIY, ALEXANDER	3029 NE 188TH ST #1021	≣Add
		AVENTURA, FL 33180	□Rcmove
			□Change
			□Add
			□ Remove
			□ Change
			□Remove
·			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			Remove
			□Change

	ending any other inform			, ,	
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(If an ef <u>Note:</u>	tive date, if other than the fective date is listed, the date mu If the date inserted in this b nent's effective date on the E	st be specific and cannot be prio lock does not meet the appli-	cable statutory filing requi	(optional) n 90 days after filing.) Pursuant to 605.0 frements, this date will not be listed)207 (3)(d as the
the recordis fi		re date, but not an effective t	lime, at 12:01 a.m. on the	earlier of: (b) The 90th day after t	the
Dand	MAY 2	2024			
i/iiiCG			<u> </u>		

Typed or printed name of signee