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		Division of Co	rpo	orations			
	22 TE IONS IDA	Fax Number	:	(850)617-6383			
	PH 12: OF STATE PORATE	rom: Account Name	;	SORSHER & ASSOCIATES, LLC.			
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Li '		Phone	:	(954)842-2931	500	2	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LASTA GROUP LLC

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T. LEMIEUX

MAY 15 2024

COVER LETTER

TO: Registration So Division of Co			¥	
LASTAG	ROUP LLC			
SUBLECT: 7		ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ILYA RYNDZEVICH			
		Name of Person		
	LASTA GROUP LLC			
		Firm/Company		
3475 N COUNTRY CLUB DR APT 816				
		Address		
	AVENTURA, FL 33180			
	ilus andersiek@amail.com	City/State and Zip Code		
	ilya.ryndzevich@gmail.con E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please co	ali:		
ILYA RYNDZEVICH		786 833-0762		
Name	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LASTA GROUP LLC				
(Name of the Limit	ted Liability Company (A Florida Limited Lia	ras it now appears on our rability Company)	ccords.)	
The Articles of Organization for this Limited L Florida document number L24000168845				and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabili	ity company here:		
The new name must be distinguishable and contain the v	words "Limited Liabilit	y Company," the designation	"LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applic	cable:		<u></u>	
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ac ess here:	idress on our records, §	nter the name of	the <u>new registered</u>
Name of New Registered Agent:	RYNDZEVICH	ILYA	· · ·	
New Registered Office Address:	3475 N COUNT	RY CLUB DR APT 816	2	0247
NOT RESIDENCE OF THE PARTY.	AVENTURA	Enter Florida street	=======================================	AY IT
	AVENTORA	City	, Florida	Zip Code
New Registered Agent's Signature, if changing			17-1	E D
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete p istered agent as p registered office o	performance of my duti rovided for in Chapter	ies, and Lam fami 605, F.S. Or. if th	Hear with and his document is

Alya Ryndoevich

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

Title	<u>Name</u>	Address	Type of Action
AMBR	RYNDZEVICH, ILYA	3475 N COUNTRY CLUB DR APT 816	= Add
		AVENTURA, FL 33180	□Remove
	·		□Add
		·	□Remove
			Change
			□Add
			□Remove
			□ Change
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			Change
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fective date, if other than the an effective date is listed, the date in ote: If the date inserted in this becument's effective date on the library.	ust be specific and canno block does not meet th	e applicable statutory	or more than 90 days aft	ional) er filing.) Pursuant to 605,020 is date will not be listed as
ecord specifies a delayed effecti is filed.	ve date, but not an eff	ective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
05/14 ated	202	4		
	Alya Ryndzevii Signature of a membe	ch		

Filing Fee: \$25.00