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Certified Copies	<u>. </u>	Certificate	es of Stati	us
Special Instructions	s to Fi	ling Officer:		

Office Use Only



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COVER LETTER

TO: Registration Division of C			
A	LER LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Leonid Zaydvarg		
	 	Name of Person	
	Florida Limited Liability	Company Z HUSTLER LLC	
		Firm/Company	
	11134 NW 72 PL		
		Address	A
	Parkland, FL 33076	·	
	LZAVDVARCOCNAN	City/State and Zip Code	**
	LZAYDVARG@GMAIL.	COM (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	·	,
LEONID ZAYDVAR	G	347 986-6404	
Name	of Person		: Telephone Number
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)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024."". 30 11: 7: 23 Z HUSTLER LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) _____ and assigned Florida document number L24000230705 This amendment is submitted to amend the following: 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 abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida ____

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.

Citv

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	MILANA ZAYDVARG	11134 NW 72 PL, PARKLAND FL 33076	□Abd
			■Remove
			□ Change
			□Add
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			□Change
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fective	date, if other than the date of filing	07/25/2024 g:	(optional)	
ın effect	ive date is listed, the date must be specific and	l cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605. filing requirements, this date will not be liste	
	t's effective date on the Department of S		ining requirements, this date will not be fish	<i>,</i> u a
	•	an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after	th
is filed	•			
. 07	7/25/2024			
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		member or authorized represents		

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Filing Fee: \$25.00