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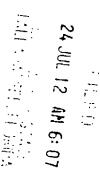
(Requestor's Name)
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Cor	rporations		
CHOICET.	Liquidation	nRus		
SUBJECT:	-	Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	- -	
	·	·	·	
		Andrew Pichardo		
			Name of Person	
		LiquidationRus		
		******	Firm/Company	
		14730 Peace Blvd		
			Address	
		Spring Hill, FL 34610		
		<del> </del>	City/State and Zip Code	
		liquidationrus2024@gmail.		
		E-mail address: (	to be used for future annual report:	notification)
For further in	iformation e	concerning this matter, please c	all:	
Andrew Pichardo		305 336-3302 at ()		
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for the	he following amount:		
<b>≡ \$</b> 25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address	
•	gistration S ision of C		Registration Division of 0	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LiquidationRus		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recortal Limited Liability Company)	rds.)
<del>-</del>	Company were filed on 5/29/2024	and assigned
Florida document number	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADD	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  of Organization for this Limited Liability Company were filed on 5/29/2024	
		13 7
		2 7
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		3.
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street addre	288
	, F	
	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 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>	Address	Type of Action
MGR	Besieda Fernandez	15214 SW 147th AVE, Miami, FL 33186	
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆
			Петоче
			□Change
			□Add
			□Remove

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