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## **COVER LETTER**

TO: Registration Sec Division of Corp			_			
SUBJECT:		a ave LCC				
	Name of Limi	ted Liability Company	2025 JUL 25 PM 5: 38			
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	TALLAHASSEE. FL			
Please return all correspor	ndence concerning this matter	to the following:				
		Poghosya,				
1601 N. Osceola avettc						
	JR 1601	N. Oseeola	ave the			
Clearwater FL 33755						
	phaytuhi 6	City/State and Zip Code  Yanoo · Coo  o be used for future annual report notif	<u> </u>			
For further information concerning this matter, please call:						
	Poghosyan	at ( <u>401)</u> 48 4	3 9 0 2 c Telephone Number			
Name of	retson	Area Code Dayum	e refeptione (vuitoe)			
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy 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

1609 /V· 0	Sceola	av	e le	
( <u>Name of the Limited</u>	Liability Company Florida Limited Lia	as it now as bility Compar	pears baloue records) 5:	1.27.2025
The Articles of Organization for this Limited Liab Florida document number <u>L2500004</u>		ડ ere filed on	TAIO (120 25)	E and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of to 1601 NOSCEO(A	ave	11/	•	
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ole:	Company,":	he designation "LLC" or the N. OSCE ar water	obbreviation "L.L.C."  ola ave  FL 33755
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B.	<u>.</u> <u>.</u>	1200	06 Wands npa FC	worth dr 33626
B. If amending the registered agent and/or regagent and/or the new registered office address	here:			-
Name of New Registered Agent:	the sa	me:	Haykubi	Poghosyan
New Registered Office Address:		the Frier	Same Florida street address	
		City	Florida _	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
			□Add
			Remove
		<u></u>	□Change
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00