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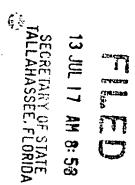
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COVER LETTER

TO:

Registration Section Division of Corporations

ANDO RUSSIAN SPEAKING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGARITA SHESTAKOVA

Name of Person

ORLANDO RUSSIAN SPEAKING LLC

Firm/Company

2762 N NOB HILL RD

Address

SUNRISE, FL 33322

City/State and Zip Code

MIAMIRUSSIAN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARITA SHESTAKOVA at 954 937-2196

Name of Person

Area Code & Daytime 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 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO RUSSIAN SPEAKING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number L10000014931	bility Company w	ere filed on <u>02/09/20</u> 2	10	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabilit	ty company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," the	designation "LI	LC" or the abbreviation
Enter new principal offices address, if applical	ble:	. <u> </u>		
(Principal office address MUST BE A STREET		60_		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		e address on our reco	LLAHASSEE, FLORIDA	E in
Name of New Registered Agent:	MARGARITA	SHESTAKOVA		
New Registered Office Address:	2762 N NOB	HILL RD		
		Enter Flor	ida street addr	ess
	SUNRISE		_, Florida <u>33</u>	322
•		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	DMITRI SESTAKOV	2762 N NOB HILL RD	Add
		SUNRISE, FL 33322	Remove
MGRM	MARGARITA SHESTAKOVA	2762 N NOB HILL RD SUNRISE, FL 33322	Add Remove
			Add
		TALLAHASSEE	
		E.FLORIDA	A Remove
			Add
			Add
			Remove

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<u>/</u>				June	mber /
	Signature of	a member or aut	horized repres	entative of a me	mber // t
MARGAF	RITA SHEST	rakova –			V

Page 3 of 3

Filing Fee: \$25.00

