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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KOPYTA CONSULTING, LLC

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kopyta Consultin   |   |                                       |                          |
|--|---|---------------------------------------|--------------------------|
| (Name of the Limited Liability Compa) (A Florida Limited L   | ny as it now appear<br>ability Company) | s on our records.)                    |                          |
| The Articles of Organization for this Limited Liability Company Florida document number                                | were filed on                           | 04/06/2021                            | and assigned             |
| This amendment is submitted to amend the following:  |   |                                       |                          |
| A. If amending name, enter the new name of the limited liabi   | lity company he                         | re:                                   |                          |
|  |   |                                       | 202<br>S S               |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the de                     | esignation "LLC" or the a             | obreviation "L.L.C."     |
| Enter new principal offices address, if applicable:  |   |                                       |                          |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                                       | <u> </u>                 |
|  |   | · · · · · · · · · · · · · · · · · · · | E ST SS                  |
|  |   |                                       | 927                      |
| Enter new mailing address, if applicable:  |   |                                       | Gr O                     |
| (Mailing address MAY BE A POST OFFICE BOX)   | • • •                                   |                                       |                          |
|  |   |                                       |                          |
| B. If amending the registered agent and/or registered office a<br>egent and/or the new registered office address here: | ddress on our re                        | ecords, <u>enter the nan</u>          | ne of the new registered |
| Name of New Registered Agent:  | <del> </del>                            |                                       | ··                       |
| New Registered Office Address:   |   |                                       |                          |
|  | Enter Flor                              | ida street address                    |                          |
|  |   | , Florida                             |                          |
|  | 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 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 |
|-------------------|-------------------|---|----------------|
| MGR               | Maria Kopyta      | 180 N.E. 29TH STREET, PH 2102                         |                |
|                   |                   | MIAMI, FL 33137                                       |                |
|                   |                   |   | []Change       |
| MGR Maria Anna Ko | Maria Anna Kopyta | 180 N.E. 29TH STREET, PH 2102                         | <b>≣</b> Add   |
|                   |                   | MIAMI, FL 33137                                       | -              |
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| N/A.   | ·   |               |
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| ffective da                                      | ite, if other than the date of filing:(optional)  |               |
| an effective d                                   | date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list  | :020<br>ed as |
|  | effective date on the Department of State's records.  |               |
|  |   |               |
|  | tifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after  | rthe          |
| d is filed.                                      |   |               |
|  | June 22 2021  |               |
| Dated  | June 22 . 2021  |               |
|  | THE POLICE TO THE PROPERTY OF |               |
|  | Signature of a member or authorized representative of a member  |               |
|  | Mignal A. Macnone, Equ. Attornay, In Eact   |               |
|  | Miguel A. Maspons, Esq. Attorney-In-Fact  |               |