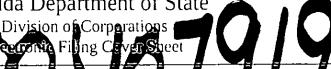
Florida Department of State



it this page and use it as a cover sheet. Type the fax antit number (shown below) on the top and bottom of all vages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

<u>_</u>;

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 STEPINVEST LLC

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OCT 3 1 2022

ARTICLES OF AMENDMENT TO 1 ARTICLES OF ORGANIZATION OF

ţ.

StepInvest LLC		
(<u>Name of the Limited Lie</u> (A Fle	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilic Florida document number L22000407919	ty Company were filed on 09/19/22	and assigned
This amendment is submitted to amend the following	g:	
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 a	bbreviation "L.1C."
Enter new principal offices address, if applicable		
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST O <u>FFICE BOX</u>	<u> </u>	
Statung damess SIAT BE ATOST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ne of the new register
Name of New Registered Agent:		27 -
New Registered Office Address:	Enter Florida street address	E
	, Florida	1 3 1: 5 1: 5 1: 5 1: 5 1: 5 1: 5 1: 5 1
 -	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>	<u>Name</u>	Address	Type of Action
MGR	Maksim Stepanskiy	7901 4th St N STE 300	XiAdd
		St. Petersburg, FL 33702	□Remove
		- In Purpose -	
			□Add
			DRemove
			□Add
			□Remove
			□Change
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			Change

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