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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Sector Division of Corp. | | | |
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| SUBJI | | NI DEVELOPMENT LLC | | |
| SUDAI | | Name of Lim | ited Liability Company | |
| The en | closed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspond | dence concerning this matter | to the following: | |
| | | Alex, | Bushey Name of Person | |
| | | Frangipavi | Name of Person Develo prent Firm-Company | LLC |
| | | | N. Bay Rd | <u></u> |
| | | Sunny | Teles Beard City/State and Zip Code | <i>,</i> , |
| | | <u>Glex G</u> E-mail address; (| to be used for future annual report notif | ication) |
| For fur | ther information cor | ncerning this matter, please ca | all: | |
| <u> </u> | 1AM COUPE | al . | at (305) 899- Area Code Daytime | 1400 |
| | Name of I | Person | Area Code Daytime | Telephone Number |
| Enclos | ed is a check for the | following amount: | | |
| ■ \$2 | 5.00 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 Taliahassee, 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

The Articles of Organization for this Limited Liability Company were filed on AUGUST 29, 2008 and assigned Florida document number Lo8000082883 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Company," the designation "LLC" or the abbrevation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

. Florida ___

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> SERGHEI LUCHIAN | Address 18900 N. BAY ROAD, SUNNY | Type of Action |
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| reffective date is list te : If the date inse | her than the date of filed, the date must be specific orted in this block does not date on the Department of | and cannot be prior to out meet the applicable | date of filing or more than 9 e statutory filing require | (optional) 70 days after filing.) ements, this date w | Pursuant to 605,020' fill not be listed as |
| record specifie he 90th day af | s a delayed effective ter the record is file | e date, but not a d. | n effective time, at | : 12:01 a.m. o | n the earlier o |
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