

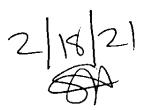
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COVER LETTER

TO:

Registration Section Division of Corporations

RIVER 34 SUBJECT:	5 INVESTMENTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Igor Kotsiubynskyi		
		Name of Person	
	RIVER 345 INVESTMEN	STS, LLC	
		Firm/Company	
	1924 SHERIDAN STREE	T	
		Address	
	HOLLYWOOD FL 33020)	
		City/State and Zip Code	
	riverinvestment@yahoo.co	m	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Igor Kotsiubynskyi		561 234-9080 at ()	
Name of Person Area Code Daytime Telephone Number			ne Telephone Number
Enclosed is a check for t	he 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 Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RIVER 345 INVESTMENTS, LLC	2				
(<u>Name of the Limit</u>	ted Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on $03/1$	3/2013	and assigned	
Florida document number L13000038143	·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the des	ignation "LLC" or the ab	breviation "L.L.C,"	
Enter new principal offices address, if applicable:		1924 SHERIDAN	STREET		
(Principal office address MUST BE A STREE	T ADDRESS)	HOLLYWOOD, FL 33020			
				202	
Enter new mailing address, if applicable:		1924 SHERIDAN	STREET	T	
(Mailing address MAY BE A POST OFFICE BOX)		HOLLYWOOD,	FL 33020	ن الله الله الله الله الله الله الله الل	
				<u> </u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our rec	cords, <u>enter the nam</u>	e of the new registered	
Name of New Registered Agent:	Igor Kotsiubyn	skyi			
New Registered Office Address:	1924 SHERID,	AN STREET			
		Enter Floria	la street address		
	HOLLYWOOI	·-	Florida	020	
		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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Alexander Grishin	PO Box 2096	
		Hallandale, FL 33008	■Remove
			□Change
MGRM	lgor Kotsiubynskyi	1924 SHERIDAN STREET	≣ Add
		HOLLYWOOD FL 33020	□ Remove
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fective date, if other than the n cifective date is listed, the date mustre: If the date inserted in this blocument's effective date on the D	it be specific and ock does not r	f cannot be prior neet the applica	o date of filing or		ifter filing.) Pursuan	
ecord specifies a delayed effectiv is filed.	e date, but not	an effective ti	me, at 12:01 a.n	n, on the earlier of	: (b) The 90th d	ay after the
October 15		2020				
	GR	RISHIN, AL	E XANO E R			

Filing Fee: \$25.00