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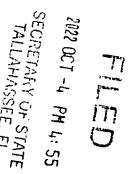
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | gistration Se dision of Cor | | | | | |
|-----------------------------------------------|--------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: | KRUSHER | LLC | | | | |
| SOBJECT; | | Name of Lin | ited Liability Company | | | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return | all correspo | indence concerning this matter | to the following: | | | |
| | | SVETLANA FAYETTE, | E.A. | | | |
| | | · | Name of Person | | | |
| | | SCOR TAX SERVICES I | DIV. | | | |
| | | ~ | Firm/Company | | | |
| | | 23591 EL TORO RD, STE | E 180 | | | |
| | | | Address | | | |
| | | LAKE FOREST, CA 9263 | 50 | | | |
| | | <u></u> | City/State and Zip Code | | | |
| | | sescortax@gmail.com | | | | |
| | | | to be used for future annual report not | ification) | | |
| For further i | ntormation c | oncerning this matter, please e | all: | | | |
| SVETLANA | A FAYETTE | | 949 348-9888 at ()_ | | | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number | | |
| Enclosed is | a check for th | ne following amount: | | | | |
| □ \$25.00 I | 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) | | |
| | iling Addres | | Street Address: | vition | | |
| Registration Section Division of Corporations | | Registration Se Division of Co | | | | |
| P.0 |). Box 632 | 7 | | The Centre of Tallahassee | | |
| Ta | llahassee, I | FL 32314 | 2415 N. Monro | e Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KRUSHER LLC | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------|--------------------|--|
| (Name of the Lim | ted Liability Compa (A Florida Limited | nny as it now appears on ou Liability Company) | ir records.) | | |
| The Articles of Organization for this Limited L Florida document number L14000099578 | Liability Company | were filed on JUNE 23. | . 2014 | and assigned | |
| This amendment is submitted to amend the following | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designati | ion "LLC" or the abb | reviation "L.L.C." | |
| Enter new principal offices address, if appli | 861 NAFA DR | | | | |
| (Principal office address MUST BE A STREE | | BOCA RATON, FL 33 | 3487 | 87 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or | address on our records | s enter the name | SECRETARY OF | | |
| agent and/or the new registered office addre | ess here: | | <u>cisses sine manne</u> | STATE F, FL | |
| Name of New Registered Agent: | | | · | · · | |
| New Registered Office Address: | 861 NAFA DR | | | | |
| | | Enter Florida stre | et address | | |
| | BOCA RATO | ٧ | , Florida ³³⁴ | 87 | |
| | | City | | Zip Code | |

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the iprovisions 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 | SERGELA KOVALEV | 2715 N OCEAN BLVD PH-D | □Add |
| | | FORT LAUDERDALE FL 33308 | ≣Remove |
| | | | □Change |
| MGR | Sergei Kovalev& Natalia Kovaleva | 861 NAFA DR | = Add |
| | | BOCA RATON FL 33487 | □ Remove |
| | | | Change |
| | Living Trust Sergey Kovalev TTEE | - | □ Add |
| | | - - | □Remove |
| | | | Change |
| | | | □Add |
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| Sergei Kovalev and Natalia Ko | Kovaleva Living Trust Sergei Kovalev TTEE as 100% MGR | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
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| ctive date, if other than the officitive date is listed, the date must effective date inserted in this blooment's effective date on the De | st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant ook does not meet the applicable statutory filing requirements, this date will not | to 605.02 be listed |
| tord specifies a delayed effective filed. | re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da | ıy after tl |
| october 3 | 2022 | |
| / 4 | Pol 1A | |
| 1 // | [19][10M][] | |