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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Sc Division of Cor			
DENIS CR	AIG FELDMAN LLČ	•	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	DENIS CRAIG FELDMAN	:	
		Name of Person	
	DENIS CRAIG FELDMAN	ULLC	
		Firm/Company	
	101 PLAZA REAL S. APT	718	
	· · · · · · · · · · · · · · · · · · ·	Address	
	BOCA RATON, FL 33432		
	matrixguy3113(@gmail.com E-mail address: (to	City State and Zip Code be used for future annual report non-	lication)
For further information of	concerning this matter, please ca	II:	
DENIS CRAIG FELDM	IAN	561 923-5278	
Name c	of Person	at ()	e 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 tadditional copy is enclosed)
Mailing Addre		Street Address:	etion
Registration Division of C		Registration Se Division of Cor	
P.O. Box 631	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2525" 123 5112:30

DENIS CRAIG FELDMAN LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Floric	da Emited Liability Companyi	
The Articles of Organization for this Limited Liability Florida document number $\frac{1.15000126841}{1.15000126841}$	· · ·	and assigned
Piorua document number	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation "L L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ad affice address on our records, onter th	no name of the new register
agent and/or the new registered office address here:	es office address on var records, <u>effect of</u>	ic name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sireei address	
	Flor	ida
	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>	Address	Type of Action
AMBR	SVETLANA FELDMAN	101 PLAZA REAL S. APT 718	≣ Add
		BOCA RATON, FL 33432	□Remove
			□Change
			□ Add
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Filing Fee: \$25.00

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