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COVER LETTER

TO:		stration Secsion of Cor			
eum tra			INVESTMENTSP1LLC		
SUBJE	CI;		Name of Lim	ited Liability Company	
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspo	ndence concerning this matter	to the following:	
			Kirill Yudovski		
				Name of Person	
			NEW SKY INVESTMEN	TSP1LLC	
				Firm/Company	
			4707W GandyBlvd. Ste	13	
				Address	
			Tampa,FL 33611		
				City/State and Zip Code	
			Kirill@betterplaceflorida.d		·
			E-mail address: (to be used for future annual report notifi	ication)
For furth	her in	formation co	oncerning this matter, please ca	all:	
Kirill Y	udov	ski		813 815-0815 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a	check for th	e following amount:		
\$25.	.00 Fi	ling 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
Tallahassee, 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

NEW SKY INVES (Name of the Limited Liability Comp. (A Florida Limited	TMENTS PL	LLC	
(A Florida Limited	I Liability Company)	n our records.	
The Articles of Organization for this Limited Liability Compan	y were filed on	104 31 201	5 and assigned
Florida document number <u>L 16000 105815</u> .		, ,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	‡	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the desig	gnation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			\$775
•	 		5
(Mailing address MAY BE A POST OFFICE BOX)			in E
		 	Sa E
B. If amending the registered agent and/or registered	office address on o	ur records enter	the name of the nex
registered agent and/or the new registered office address he	ere:	di records, <u>enter</u>	the name of the nev
Name of New Registered Agent:		<u> </u>	Ć)
New Registered Office Address:			
	Enter Florida	street address	
· ·		, Florida	
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag			

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	New Sky Towesments PL. LLC	4707 W Gardy Blyd ste 13 Tampa, FL 33611	E Ø Add
	(DOC #: L16000108337)		□ Remove
			Change
MGR	Kirill Yudouski	808 N Franklin St. #3001	Add
		Tampa, Fl 33602	☑ Remove
			Change
MGR	Shalom Halfon	6608 5 West shore Blw	Apt 307 □ Add
		Tampa, FL 33616	№ Remove
			Change
MGR	Yuri kats	4504 W spruce st Apt 510	□=Ā dd
		Tampa FL 33607 \$	Remové
		4504 W spruce st. Apt slor Tampa fl 33607 SEE. FLORIUM	S P Change
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