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D. SCOTT MAR 2 9 2017

COVER LETTER

TO: Registration So Division of Cor		٠	
* STASHCH	IAK ENTERPRISES LLC		
SUBJECT:	Name of Litr	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NIKOLAY STASCHAK		
	 	Name of Person	
	STASHCHAK ENTERPR	ISES LLC	
		Firm/Company	
	1260 SALT LAKE DRIVI	Ξ	
		Address	
	TARPON SPRING, FLOI	RIDA 34689	٠.
		City/State and Zip Code	
	nickstashak@gmail.com	to be used for future annual report notific	三三 经第二
For further information of	concerning this matter, please co	·	SECRETARY OF STATE OF
Nikolay Stashchak		727 244-0002	Tost T
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fce & 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

SUSTIUMA GA	JENDISES LILL	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on ou Limited Liability Company)	<u>ır recordş.</u>)
The Articles of Organization for this Limited Liability C	ompany were filed on 11/16/201	6 and assigned
Florida document number L16000209871		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	****	
(Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist	tered office address on our	records, enter the name of the nev
registered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	Diff. 1 to the sire	
	City	, Florida 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	NIKOLAY STASHCHAK	2817 NARCISSUS DR. HOLIDAY, FI 3461	■ Add
			□ Remove
			Change
			Add
			□ Remove
		<u>-</u>	□ Change
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ectiv	e date, if other than the date of filing:	(optional)
i effec <u>te:</u> T	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requireme	lays after filing.) Pursuant to 605.020 ents, this date will not be listed a
cumer	nt's effective date on the Department of State's records.	
	and specifies a delayed effective date, but not an effective time, at 120	2:01 a.m. on the earlier of
	•	
ted _	March 21st 2017	
	11 12.	
	N. Stur	
	Signature of a member or authorized representative of a member	
	1101111	

Page 3 of 3

Filing Fee: \$25.00