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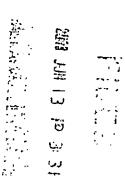
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDI		IV-1-FUND LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Rostysłav Sipakov		
			Name of Person	<del></del>
		SVP4U-KYIV-1-FUND L	LC	
			Firm/Company	·
		Name of Limited Liability Company  Amendment and fec(s) are submitted for filing.  Indence concerning this matter to the following:  Rostyslav Sipakov  Name of Person  SVP4U-KYIV-1-FUND LLC  Firm/Company  78 SW 7TH ST STE 500  Address  Miami. FL. 33130  City/State and Zip Code  r.sipakov@svp4u.com  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:  Person  Area Code  Daytime Telephone Number		
		-	Address	· · · -
		of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Rostyslav Sipakov  Name of Person  SVP4U-KYIV-1-FUND LLC  Firm/Company  78 SW 7TH ST STE 500  Address  Miami. FL. 33130  City/State and Zip Code  r.sipakov@svp4u.com  E-mail address: (to be used for future annual report notification)  n concerning this matter, please call:  at (786 ) 351-4582  at (Area Code ) Daytime Telephone Number  or the following amount:  S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status &		
		<del></del>	City/State and Zip Code	
		r.sipakov@svp4u.com		
		E-mail address: (	to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Dmyt	ro Varavin			
	Name o	f Person		e Telephone Number
Enclo:	sed is a check for th	ne following amount:		
□ \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Section 1

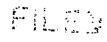
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### 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

SVP4U-KYIV-1-FUND LLC



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

77,42 The Articles of Organization for this Limited Liability Company were filed on 04/05/2017 and assigned and assigned on the Limited Liability Company were filed on 04/05/2017 Florida document number \_\_\_\_\_\_L17000076997 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_. Florida \_\_\_ City

### 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	SVP4U PUBLIC BENEFIT CORPORATION	78 SW 7TH ST STE 500, Miami, FL, 33130	
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		<del></del>	☐ Change
			Add
			☐ Remove
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			Add
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Dated	ne H		2019			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00