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## **COVER LETTER**

TO:

FO: Registration Division of C	Section Corporations		
	ntals LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Sonya L Laney		
	-	Name of Person	
	Sonya L Laney CPA PA		
		Firm/Company	<del></del>
	5131 S Ridgwood Ave Ste	F	
		Address	
	Port Orange, FL 32127		
	11200 11	City/State and Zip Code	
	oleh29@gmail.com E-mail address: (	to be used for future annual report noti	lication)
For further information	n concerning this matter, please c	all:	
Oleh Turchak		386 3151252	
Nan	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	or the 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 (additional copy is enclosed)
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee c Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compari-	ny were filed on April 7, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		2020
Enter new mailing address, if applicable:		SEP 28
Mailing address MAY BE A POST OFFICE BOX)		SS 5 D
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	City	Zip Code

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 reing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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		
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Tective date, if other than the date of filing an effective date is listed, the date must be specific an ote: If the date inserted in this block does not	id cannot be prior to	date of filing or m	ore than 90 days after	er tiling.) Pursua iis date will not	nt to 605.02 r be listed
ocument's effective date on the Department of		it maday in	E rodunomomo, u		
record specifies a delayed effective date, but no	an effective tim	ie, at 12:01 a.m.	on the earlier of: (	b) The 90th o	lay after th
is filed.					
September 25	2020				
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M/I					
Signature of a	member or author	ized representative	of a member	· · · · · · · · · · · · · · · · · · ·	