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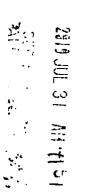
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Elena Krasn Name of Lim	icol Skaga LLC
The en	closed Articles of Amendment and fee(s) are sub	mitted for filing.
Please	return all correspondence concerning this matter	to the following:
	Clena	Name of Person / Name of Person
		Firm/Company
	122 W P.	rive Circle
	Belray	Beach FL 33445 City/State and Zip Code with a gride @ gmail. com to be used for future annual report notification)
	elena flo	wich a gride @ gmail. com
For fur	ther information concerning this matter, please c	
Ele	na Krasnapolskay	Area Code Daytime Telephone Number
	Name of Persory	Area Code Dayume reseptione stumber
Enclos	ed is a check for the following amount:	
2.	5.00 Filing Fee & S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	STREET/COURIER ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elena Krasnopolskaya LLC

(<u>Name of the Limited Li</u> (A.F	iability Company Iorida Limited Lia	as it now appears on o hility Company)	ur records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>417 000 15</u>	ity Company w 7852	ere filed on	1/24/17	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the So F. The new name must be distinguishable and contain the words			_LC_	have insign at 1 C."
The new name must be distinguishable and contain the words	ranned ranning	Company, the designa	non tax or mean	soreviation (i.e.c.
Enter new principal offices address, if applicable (Principal office address MUST <u>BE A STREET A</u>	nndess	122 W Pr	ave Cir	-cle
<u>(Frincipal office address 81031 BLA STREET A.</u>	<u>DDRESS)</u>	Delvay	Beach	FL 3344.
Enter new mailing address, if applicable:		Same	7	FC 3344.
(Mailing address MAY BE A POST OFFICE BOY	<u>V</u>		<u></u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	•	ce address on our	records, enter	the name of the
•			ı	
Name of New Registered Agent:	Elena	Krasno	polska	ya_
New Registered Office Address:	122 L	1 Prive	Circle	
_	Delra	Prose Enter Florida Str y Beach City	Florida	33445 Zip Code
New Registered Agent's Signature, if changing Regis				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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, name, and address of each person_being addor removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Bonis Krasnopolski	122 W Prove Grele Delray Beach F-L	🗆 Add
			Remove
			☐ Change
			□ Remove
			Change
	<u></u>		
			🗆 Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605,0207 (3 nents, this date will not be listed as th
the record specifies a delayed effective date, but not an effective time, at) The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated 07/29/19	
Signature of a member or authorized representative of a memb	ei
',	
Elena Frashopolska	ya
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00