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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	<u> </u>
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COVER LETTER

	gistration Section rision of Corporations	
SUBJECT.	97 ST "LLC"	
SUBJECT:	Name of Limited Liability Company	
The enclose	d Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Leonid Pinkhasov Name of Person	
	97 ST "LLC" Firm/Company	
	1170 N Federal Hrop way Svile 70-	7
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further i	nformation concerning this matter, please call:	
Abra	Name of Person at (786) 245-2302 Area Code Daytime Telephone Number	 -
Enclosed is	a check for the following amount:	
\$25.00	Filing Fee Solution Signature Solution Status Solution So	of Status &

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

97 ST "LLC"		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ls.</u>)
he Articles of Organization for this Limited Liability Compan	and assigned	
Torida document number L18000063934		
his amendment is submitted to amend the following:		
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	pility 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)		8 55
		. O
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street addres	NS .
New Registered Office Address:		lorida

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
MGR	Leonid Pinkhasov	920 Hewlett Drive	⊟ Add
		Valley Stream NY 11581	□ Remove
			☐ Change
			□ Add
		·	☐ Remove
			Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
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	d specifies a d			e, but not	an effecti	ve time, a	t 12:01 a	a.m. on t	the ear	rlier of
	Oth day after f									
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Filing Fee: \$25.00