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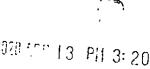


COVER LETTER

	COMPANY LLC		
f:	Name of Lim	ited Liability Company	
sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
um all correspo	indence concerning this matter	to the following:	
	Elena Sokolova		
		Name of Person	
	VIP TOUR COMPANY I.	LC	
		Firm/Company	
	430 Golden Isles Drive, A	pt. 301	
		Address	
	Hallandale Beach, FL 330	09-7550	
		City/State and Zip Code	
	•	to be used for fitting annual manual manual	(forther)
r information c			incation)
kolova		754 6102844	
Name o	f Person	Area Code Daytir	ne Telephone Number
is a check for th	ne following amount:		
0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fitting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
	r information of colova Name of Solova Plailing Address Registration of CP.O. Box 632	Name of Lim sed Articles of Amendment and fee(s) are sub urn all correspondence concerning this matter Elena Sokolova VIP TOUR COMPANY L 430 Golden Isles Drive, A Hallandale Beach, FL 330 sokolova.79@list.ru E-mail address: (or information concerning this matter, please colova Name of Person is a check for the following amount: 0 Filing Fee \$30.00 Filing Fee & Certificate of Status Plailing Address: Registration Section Division of Corporations P.O. Box 6327	Division of Corporations VIP TOUR COMPANY LLC The sed Articles of Amendment and fee(s) are submitted for filing. Sed Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Elena Sokolova Name of Person VIP TOUR COMPANY LLC Firm/Company 430 Golden Isles Drive. Apt. 301 Address Hallandale Beach, FL 33009-7550 City/State and Zip Code sokolova.79@list.ru E-mail address: (to be used for future annual report not reinformation concerning this matter, please call: tolova Name of Person Tolomation concerning this matter, please call: colova Name of Person Tolomation concerning this matter. Toloward Code Street Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations Toloward Code Street Address: Registration Section Division of Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	10 111
VIP TOUR COMPANY LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
he Articles of Organization for this Limited Liability Company volume or the document number L18000238832	were filed on 10/09/2018 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabil	lity company here:
he new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L.L.C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	#71

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Vitaly Sokolov	430 Golden Isles Drive, Apt. 301	⊜Add
		Hallandale Beach, FL 33009	□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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rifective date, if other man the	date of filing:	te of filing or more than 90 days statutory filing requirement	after filing.) Pursuant to 605.0207 s, this date will not be listed as
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Filing Fee: \$25.00