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10/12/20

COVER LETTER

Division of Con	rporations			
	TI	NIAL LLC	•	
SUBJECT:		 	<u> </u>	
	Name of Lin	nited Liability Company		
The englessed Articles of	Amondment and foo(s) are sub	amitted for filing		
The choised Afficies of	Amendment and fee(s) are sub	лицеа тог типед.		
Please return all correspondence	ondence concerning this matter	to the following:		
		Nikita Myagkov		
		Name of Person		
		TINIALILC		
		Firm/Company		
	30	001 NE 185TH ST APT 536		
		Address		
		AVENTURA/FL33180		
		City/State and Zip Code		
		AGKOV.NICK@GMAIL.CC		
	E-mail address: (to be used for future annual rep	ort notification)	
For further information of	oncerning this matter, please c	all:		
Nikita Myagkov		786	627 9999	
Name o	f Person	at () Area Code	Daytime Telephone Number	-
Enclosed is a check for the	he following amount:		,	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60,00 Filing For Certificate of S Certified Copy (additional copy is	tatus &

Mailing Address:

TO:

Registration Section

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OTSTALLIE

TEMALUE		
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.)	
(A Fiorica Limited Liability	ty Company)	
ne Articles of Organization for this Limited Liability Company were	: filed on	and assigned
orida document number		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability of	company here:	
E7E GROUPLLC		
ne new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the ab	breviation "L.L.C."
nter 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)		
		F 1
. If amending the registered agent and/or registered office addre	ess on our records, <u>enter the nam</u>	e of the new registe
ent and/or the new registered office address here:		· ·
Name of New Registered Agent:		
New Designated Office Address.		Ç
New Registered Office Address:	Enter Florida street address	<u>ु</u>
	Server A 101 and off the same of	
	, Florida	
(City	Zip Code

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 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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□ Remove
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			□ Change
		·	□Add
			□Remove
			□ Cha nge

Page 2 of 3

ii amending a	any other information, en	ter change(s) nere:	(Allach aaallional s	sneets, if necessary.)	
					
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Note: If the da	, if other than the date of e is listed, the date must be specif to inserted in this block does ective date on the Departmen	ic and cannot be prior to not meet the applicab	date of filing or more that le statutory filing requ	(optional) in 90 days after filing.) Pursa irements, this date will n	nant to 605 0207 ot be listed as
	ecifies a delayed effecti ay after the record is fi		an effective time,	at 12:01 a.m. on th	e earlier of
D 1	09/29	2021			
Dated		-, - lili,	.•		
	Signature	of a member or author	zed representative of a m	ember	
		Nikita M			
_		Typed or printed			