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SECRETARY OF SHEEL AND SECRETARY OF SH

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COVER LETTER

TO: Registration So Division of Cor					
CARDO S	OFTWARE, LLC		•		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		BORIS NIKHMAN			
		Name of Person			
	RELIABI	E ACCOUNTING SERVICES.	INC		
	RELIABLE ACCOUNTING SERVICES, INC Firm/Company				
	FTWARE, LLC Name of Limited Liability Company mendment and fee(s) are submitted for filling, dence concerning this matter to the following: BORIS NIKHMAN Name of Person RELIABLE ACCOUNTING SERVICES, INC Firm/Company 2903 OCEAN AVENUE Address BROOKLYN, NY 11235 City/State and Zip Code NIKHMANS(ggAOL.COM) E-mail address: (to be used for future annual report notification) necerning this matter, please call: at (
		Name of Limited Liability Company at and feet(s) are submitted for filling, secrining this matter to the following: BORIS NIKHMAN Name of Person RELIABLE ACCOUNTING SERVICES, INC Firm/Company 2903 OCEAN AVENUE Address BROOKLYN, NY 11235 City/State and Zip Code NIKHMANS@AOL.COM E-mail address: (to be used for future annutal report notification) his matter, please call: 1934 3444 - 2478 Area Code Daytime Telephone Number g amount: 00 Filling Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
		BROOKLYN, NY 11235			
		City/State and Zip Code			
		·			
	E-mail address: (to be used for future unmual report in	otification)		
For further information e	oncerning this matter, please c	all:			
ALEXEY KARDO		934 444 - 2478	3		
Name o	f Person	Area Code Dayti	ime Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
Mailing Addres					
Registration ?					
P.O. Box 632	•		•		
Tallahassee, 1					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SECRETARY PARESS

CARDO SOFTWARE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization	on for this Limited Liability Company were filed	on12/06/2018	and assigned	
Florida document number	1.18000281652			
This amendment is submitt	ed to amend the following:			
A. If amending name, <u>en</u>	ter the new name of the limited liability compa	any here:		
INSTASHOP TECH, LLC				
The new name must be distingui	shable and contain the words "Limited Liability Company	," the designation "LLC" or the	e abbreviation "L,1,,C,"	
Enter new principal office	es address, if applicable:			
(Principal office address §	IUST BE A STREET ADDRESS)			
		-		
Enter new mailing addres	ss, if applicable:			
(Mailing address MAY BE	A POST OFFICE BOX)			
	ered agent and/or registered office address on stered office address here:	our records, enter the na	ame of the new registere	
Name of New Re	eistered Agent:			
New Registered (New Registered Office Address: Emer Florida street address			
		19 1		
	City	Florida	Zy) Code	
New Registered Agent's Sig	nature, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
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·	Signature of a member of authorized representative of a member			Carl-		
· ·	$\overline{}$		H WKEY Signature of a member of auth	feleration for the feleration of the feleration	a member	
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Filing Fee: \$25.00