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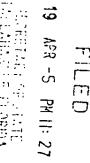
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## **COVER LETTER**

Division of Corp	oorations		
SUBJECT: David	L. Sevchuk Name of Limi	Company LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Williams A  5700 Lomb	Name of Person  Allen Casey LPA  Firm/Company  Bardo Center Dr.  Address  Center Dr.  Address  Clay/State and Zip Code  Fedesianlaw. com  to be used for future annual report notifi	<b>≠</b> 290
	ncerning this matter, please ca		
Name of	Person	at ( <b>216</b> ) <b>236</b> Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

David L. Savchul	K& Company, L	L C
(Name of the Limited Liability (A Florida	Limited Liability Company)	(Fecolus,)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L1900082026</u>		<b>L 25</b> , <b>2019</b> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit  David A. Savchuk & Cou  The new name must be distinguishable and contain the words "Limit		on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19 F. L.
B. If amending the registered agent and/or regist	ered office address on our	records, enter the new
registered agent and/or the new registered office addr	ess here:	27 2004
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sire	r uddress
		, Florida
	Cíţy	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 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		
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an effective date Note: If the date	if other than the is listed, the date muse inserted in this bl ctive date on the D	a oe specific and ock does not m	eet the application	able statutory	or more man s	(option to days after forments, this	iling.) Purse	aant to 60 iot be lis	05.020 sted a
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Filing Fee: \$25.00