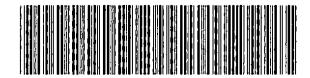
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COVER LETTER

| Division of Corporations | |
|---|------------------|
| SUBJECT: Sofiery Many Carty W LC Name of Limited Liability Gampany | |
| | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Sergey Rubos Mour | |
| Solven Many tochering, LLC Firm/Company | |
| 1870 Azwart civile #6 | |
| Boca Raton, Fl, 33496 | |
| City/State and Zip Code Info Solice N - Forbord CDM E-mail-address: (to be used for future annual report potification) | |
| For further information concerning this matter, please call: | |
| Sovory Juhashov at (754) 333 1175 Name of Person Area Code Daytime Telephone Number | _ |
| Enclosed is a check for the following amount: | |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy | f Status & py |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) (A Florida Limited Ligbility Company) The Articles of Organization for this Limited Liability Company were filed on 190 000 87839 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

6

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> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
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| ii amen | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effect Note: If | e date, if other than the date of filing: |
| e record : ord is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 01/10/2022 |
| | Signature of a member or authorized representative of a member |
| | Servey Kuhathar (Typed or printed name of signee |

Filing Fee: \$25.00