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COVER LETTER

Division of Cor	porations		
KSA BUSI SUBJECT:	NESS PROPERTY LLC Anicle	of Amendment	
SUBJECT.	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Svetlana Fayette, E.A.		
		Name of Person	
	SCOR TAX Services Div		
		Firm/Company	
	23591 EL TORO RS STE 1	80	2022 DEC 1
		Address	
	LAKE FOREST, CA 92630		
		City/State and Zip Code	1
	sescortax@gmail.com		
	E-mail address: (to	be used for future annual report notif	ication)
For further information e	oncerning this matter, please cal	II:	:
Svetlana Fayette		949 348-9888 at ()	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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:

Registration Section

TO:

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

v Company as it now appears on our records.) Limited Liability Company)	
ompany were filed on JULY 12, 2019	and assigned
<u> </u>	
ited liability company here:	
nited Liability Company," the designation "LLC" o	r the abbreviation 3.L.L.C."
, , , , ,	FGR 17
RESS)	
-	
d office address on our records, enter th	e name of the new register
d office address on var room and and	
Enter i torida street address	
, Flor	ida Zip Code
	d office address on our records, enter the

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
MGR	SERGEI A KOVALEV	1557 MARINER WAY	□Add
		HOLLYWOOD BEACH FL 33019	■Remove
			Change
MGR	NATALIA KOVALEVA	861 NAFA DR	■Add
		BOCA RATON FL 33487	🗖 Remove
			□Change
			□Add
			Z Remove Remove Remove Remove Remove
			☐Add ☐Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			Change

and assign Natalia Kovaleva as	100% MGR		
			<u> </u>
			
	-		2027 SE
		-	122 DI
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			6
			1
ective date, if other than the da effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depar	specific and cannot be prior to date of does not meet the applicable statu	(option filing or more than 90 days after story filing requirements, this	filing.) Pursuant to 605.0
ord specifies a delayed effective da filed.	ite, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after
ed December 20	2022		
}			