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PICK-UP WAIT	MAIL
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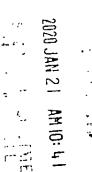
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

BONAFID SUBJECT:	E GROUP LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Marina Kunina		
		Name of Person	
	Law offices of Sirota and a	Associates, P.A.	
		Firm/Company	
	2999 NE 191st street, Suite	e 603	
		Address	
	Aventura, FL 33180		
		City/State and Zip Code	
	associate@sirota.us		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Marina Kunina		305 · 3731995 at () Area Code Daytime	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Sec	
Division of Corporations		Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liability)	s it now appears on our records.) htty Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on 10/01/2019	and assigned
florida document number L19000246987		
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 C	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
-		A A
Enter new mailing address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing address MAY BE A POST OFFICE BOX)		<u>_</u> <u>_</u>
_		
		17 1-1
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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
MGR	Hya Zlatan	2999 NE 191st street, suite 603	= Add
		Aventura, FL 33180	□Remove
			□ Change
MGR	Valerii Riazanov	2999 NE 191st street, suite 603	□Add
		Aventura, FL 33180	■Remove
			□Change
			Remove
			□ Change
			□ Remove
			□Change
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Filing Fee: \$25.00