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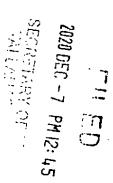
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JA. 1/15/21

COVER LETTER

Registration Section

Division of Corporations

TO:

VKEE PRO SUBJECT:	PERTIES LLC		
30DFECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ELENA EGOROVA		
		Name of Person	
	VKEE PROPERTIES LLC		
		Firm/Company	
	1717 N BAYSHORE DR.	APT 3044	
		Address	
	MIAMI, FL 33132		
		City/State and Zip Code	
	ELENA222EGOROVA@C		
	E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
ELENA EGOROVA		786 355 7416	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VKEE PROPERTIES LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
	lity Company were filed on 05/22/2020	and assigned
orida document number L20000139707	·	
is amendment is submitted to amend the following	ng:	
If amending name, enter the new name of the	e limited liability company here:	
new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	(A) No contraction "I I C"
. new manie inust be distinguishable and contain the words	Elimited Clability Company, the designation Electric	
iter new principal offices address, if applicable	e:	
rincipal office address MUST BE A STREET A	DDRESS)	1 1
		ं च्रा
ter new mailing address, if applicable:		÷ 55
ailing address MAY BE A POST OFFICE BO.	x1	
and the second s		
		
If amending the registered agent and/or regis	stered office address on our records, enter the i	name of the new register
ent and/or the new registered office address h		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florida	Zip Code
		TANK COME

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>	<u>Address</u>	Type of Action
AMBR	VLAD ANDREI KOCSO	1717 N BAYSHORE DR	= Add
		APT 3044	□Remove
		MIAMI, FL 33132	ET CI
		-	□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
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			□Remove
			□ Change

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It an ct Note:	ive date, if other than the date of filing:
e reco rd is ti	rd 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 led.
Dated	December 02 2020
	Signature of a member or authorized representative of a member