LZO 000269746

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- (Business Entity Name)	09/16/2001016-
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COVER LETTER

	Registration : Division of C			
SUBJEC	VEK CO	NS LLC		
oobsise.	·•·	Name of L	imited Liability Company	
The enclo	osed Articles o	of Amendment and fee(s) are so	shmitted for filing	
		ondence concerning this matter		
		Vladimir V Kukharchuk		
			Name of Person	2020 SEP 16 PH 2: 15
		-	Finn/Company	P 16 P
		2175 Malibu Lakes Cir A	pt #1328 Address	
		Naples, FL 34119	Addless	2: 15
		vkukharchuk7@gmail.com	City/State and Zip Code	·······
For further	information c	E-mail address: concerning this matter, please of	(to be used for future annual report notification	n)
	Cukharchuk	- ··	929 465-0707 at ()	
	Name o	f Person	Area Code Daytime Telep	phone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	S30.00 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)
Re Di P.	ailing Address egistration S ivision of Co O. Box 632' allahassee, F	section orporations 7	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Street	issee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VEK CONSILLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our red Liability Company)	<u>:ords.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 08/31/2020	and assigned
Florida document number L20000269746		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
/EK INVEST LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal office address MUST BE A STREET ADDRESS)		THE
		55. 6
		P
nter new mailing address, if applicable:		7.2
Mailing address MAY BE A POST OFFICE BOX)		77.5
· · · · · · · · · · · · · · · · · · ·		
. If amending the registered agent and/or registered office tent and/or the new registered office address here:	address on our records, <u>ent</u> e	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addr	ess
		Torida
	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 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
			□ Add
			Remove
			□ Change
			Add
			Remove P□Change
	——————————————————————————————————————		and on the
			72: Remove
			□Change
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	date of filing:	(optional)	(05.07)
	ock does not meet the applicable statutory filing re	equirements, this date will not	to 603.020 be listed a
an effective date is listed, the date must ote: If the date inserted in this blo	inartment of State's records		
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