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(Requestor's Name)
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TO:

Registration Section

Division of Cor	porations					
Skripnikov	Enterprises LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
riease return an correspo	ndence concerning this matter	to the following:				
	Yevgeniy Skripnikov					
		Name of Person				
	Skripnikov Enterprises LL	(.				
		Firm/Company				
	10435 Innovation Way					
		Address				
	Jacksonville FL 32256					
	•	City/State and Zip Code				
	geneskripnikov@gmail.con					
		to be used for future annual report no	infication)			
For further information c	oncerning this matter, please c	all:				
Yevgeniy Skripnikov		904 338-8513				
Name of Person		at () Area Code Daytir	me 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		<u>Street Address:</u> Registration So	ection			
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKRIPNIKOV ENTERPRISES LLC		(:: 1
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco	ords.) 15
(A Florida Limite	:а гларину Сотралу)	P
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/09/2020	and assigned
	ny were med on	
Florida document number <u>1.20000319999</u> .		7
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
YEVGENIY SKRIPNIKOV LLC		
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered offic	sa addrace an our ragarde, ant	tor the name of the new register
gent and/or the new registered office address here:	e address on our records, em	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ada	Iress
		Florida
	Circ	Zin 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
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			□Remove
			Change
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record specifies a delayed effectiv	re date, but not a	n effective time	e, at 12:01 a.m.	on the earlier of	f: (b) The 90	th day afi	ter the
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ated August 30th	 .		. •			Automore	2022 SEP
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- Junya ()!	Signature of a me	 ember or authoria	zed representativ	e of a member		in:	
V	-		•			0.7.	PH 12:
Yevgeniy Skripnikov						₹ <u>.</u>	, 5

Typed or printed name of signee