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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 635231 8332388 AUTHORIZATION (COST LIMIT ORDER DATE: January 25, 2021 ORDER TIME : 10:12 AM ORDER NO. : 635231-005 CUSTOMER NO: 8332388 DOMESTIC AMENDMENT FILING NAME: CHERY AGRANOVICH LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ___ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Robinson -- EXT#

COVER LETTER

TO:	Registration S Division of Co	ection rporations		
SUBJEC	Chery Agr	anovich LLC		
7777			nited Liability Company	
The enclo	Name of Limited Liability Company neclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Vlad Agranovich Name of Person Firm/Company 26551 Rookery Lake Drive Address Bonita Springs FL 34134 City/State and Zip Code vagranov@hotmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Name of Person 1216 Name of Person Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:			
Please ret	Division of Cerporations Chery Agranovich LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. asserturn all correspondence concerning this matter to the following: Vlad Agranovich Name of Person Firm/Company 26551 Rookery Lake Drive Address Bonita Springs FL 34134 City/State and Zip Code vagranov@hotmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: d Agranovich Name of Person Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:			
		Vlad Agranovich		
			Name of Person	
			Firm/Company	
		26551 Rookery Lake Driv	·c	
			Address	
		Bonita Springs FL 34134		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	_
For furthe	r information c	oncerning this matter, please c	all;	
Vlad Agra	anovich			
	Name of	f Person	Address Springs FL 34134 City/State and Zip Code @hotmail.com E-mail address: (to be used for future annual report notification) nis matter, please call: at (
Enclosed i	s a check for th	e following amount:		
\$ 25.00	0 Filing Fee	-	Certified Copy Certi (additional copy is enclosed) Certi	ificate of Status &
<u>N</u>	lailing Address	E.		
	ivision of Co		Registration Section Division of Corporations	
P	O. Box 632	7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHERY AGRANOVICH LLC		
(Name of the Limited	Liability Company as it now appears on our records Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L21000007974	many were filed on	and assigned
	<u></u> .	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
CHERYL AGRANOVICH LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET.	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO)X)	1 - 1 - 1
		1 72 .
B. If amending the registered agent and/or regi	istered office address on our records, enter th	te name of the new registere
gent and/or the new registered office address h	<u>iere</u> :	100 B
		FLE 19
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
_	, Flor	ida
	Cığı	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
			□Remove
 -			□Add
			□Remove
			□Change
			□ Remove
			□Change
			
			□Remove
			□Change
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an effective date is liste lote: If the date inse	her than the date of ed, the date must be speci creed in this block does date on the Departmen	ific and cannot be prior to s not meet the applical	date of filing or more that ole statutory filing requ	(optional) n 90 days after filing.) Pur irements, this date will	suant to 605.020 not be listed a
		ut not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90	th day after th
record specifies a de	layed effective date, b	at not all effective till			
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record specifies a de l is filed.	-633	2021	zed representative of a m		

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