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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor				
Chery Agra	anovich LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Vlad Agranovich			
		Name of Person		
		Firm/Company	<u> </u>	
	26551 Rookery Lake Drive	Address		
	Bonita Springs FL 34134	Address		
	vagranov@hotmail.com	City/State and Zip Code		
		to be used for future annual report not	fication)	
For further information of	concerning this matter, please co	ıll:		
Vlad Agranovich		at () 401-8866 Area Code Daytim		
Name (	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	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 Addre		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 631	27	The Centre of	Fallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHERY AGRANOVICH LLC		
(Name of the Limited Liability Comp: (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
the Articles of Organization for this Limited Liability Company lorida document number 1.21000007974	were filed on 12/30/2020	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
CHERYL AGRANOVICH LLC		
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		2021
Principal office address MUST BE A STREET ADDRESS)		
		9 1
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the n</u>	ame of the new regist
New Registered Office Address:	Enter Florida street address	<u>-</u>
	, Florida	
<del></del>	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
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an effective date is listed, the date must ote: If the date inserted in this blueument's effective date on the D	ock does not meet the	applicable statut	ory filing requirem	ents, this date will r	ot be listed a
record specifies a delayed effective is filed.	e date, but not an effe	ective time, at 12:	01 a.m. on the earl	ier of: (b) The 90th	i day after the
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1/1		_	~		

Filing Fee: \$25.00