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COVER LETTER

Division of Cor		•	,	
SUBJECT:		Ruction LL(<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alexand	ee Poolshiba Name of Person	ev	
		Firm/Company		
	I Castle	Harbor Ir		2822
		edale FL 3		2022 J.T. 18 D. 15: 50
	E-mail address: (1	to he used for future annual report notif	ication)	19
For further information c	concerning this matter, please ca	all:	∼.	?₽ ⊃
Sergej?	Barannikov of Person	at (<u>756</u>) <u>4444</u> Area Code Daytime	- 4081 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 Statu Certified Copy (additional copy is encl	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	onstruct		· C
(<u>Name of the Limited Liability (</u> (A Florida Li	mited Liability Company	<u>ars on our records</u>)	<u>.</u>)
The Articles of Organization for this Limited Liability Con Florida document number <u>L.31000058665</u> .		02/02/0	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company	here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the	designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			registered
(Principal office address MUST BE A STREET ADDRES		<u> </u>	
			2 (S)
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	ffice address on our	records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:	Scrgejs .	Baranni	KOVS
New Registered Office Address:			
	Enter Fi	orida street address	
	(%	Flo	rida Zip Code
	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.

Constitute 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>	Name	Address	Type of Action
MGR	<u>Alexander</u> Podshi baev	Ft Lianderdale 33308	ÉÁdd
	rousin baev	Ft lianderdale 33308	2 □Remove
			□Change
<u>MGRN</u>	Yakov Aleksandrovich	16047 Collins Ave #26	Oltokod
	Exoshevskiy	Sunny Teles Beach 3316	<u>O</u> □Remove
			□Change
			□Add
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n effective i te: If the	date is listed, the date inserted in	nan the date of fi date must be specific n this block does n on the Department	and cannot be poor of meet the app	olicable statutory t	(op or more than 90 days af Iling requirements, t	otional) ter filing.) Pursuant to 60 his date will not be lis	5.020' ted a:
ecord spe is filed.	cifies a delayed	effective date, but	not an effectiv	e time, at 12:01 a.	m. on the earlier of:	(b) The 90th day after	er the
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