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T. MATTHEWS
DEC -8 2021

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

VALUSSO SUBJECT:	DESIGN LLC			
SUBJECT:	Name of Lim	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:		
	KRISTINA L POLYUSHI	CIN		
		Name of Person		
	FINCOM GROUP USA IN	٧C		
	-	Firm/Company		
	2999 NE 191ST ST STE 9	07		
Address			-	
	AVENTURA, FL 33180			
		City/State and Zip Code		
	TAX@FC-G.COM		<u> </u>	
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please co	all:		
KRISTINA L POLYUSI	HKIN	561 507-9621		
Name of Person		at () Area Code Daytim	e 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 Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration		Street Address: Registration Se		
Division of C	•	Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VALUSSO DESIGN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I Florida document number L21000066923	Liability Company	were filed on $\frac{02/08/2}{}$	2021	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			····
			100 · 0	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2999 NE 191ST ST STE 907		
		AVENTURA, FL 32	3180	
				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our recor	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	FINCOM GRO	UP USA INC	_	
New Registered Office Address:	2999 NE 19181	F ST STE 907		
		Enter Florida s	street address	
	AVENTURA		, Florida <u>3318</u>	0
		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	

MGR = Manager AMBR = Authorized Member			21 NOV 22 PH 3: 2	2
<u>Title</u>	<u>Name</u>	Address	21 NOV 22 TH	Type of Action
MGR	32BIT GROUP LLC	8 THE GREEN S	TE A	□Add
		DOVER, DE 199	01	□Remove
				□Change
MGR	PCHR DEVELOPMENT LLC	8 THE GREEN S	TE A	🗆 Add
		DOVER, DE 199	01	□Remove
				□Change
MGR	ZLATA DEVELOPMENT LLC	8 THE GREEN S	TE A	□ Add
		DOVER, DE 199	01	Remove
				□Change
				□ Add
				□Remove
		<u> </u>		□Change
				🗆 Add
				□Remove
				🗆 Change
				🗆 Add
				□Remove
		-		□Change

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	e(s) here: (Attach additional sheets, if necessary.) 21 HOW 22 Fig. 3: 22
	71.00
	
11/	17/2021
Sective date if other than the date of filing:	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
the: If the date inserted in this block does not meet the	he applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department of State's	records.
ecord specifies a delayed effective date, but not an eff	Tective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	,
NOVEMBER 17 202	21
ned)
	These
Signature of a member	er or authorized representative of a member
2	·
NIKOLAY POLYUSHKIN	
	d or printed name of viunce

Filing Fee: \$25.00