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COVER LETTER

Division of Cor	porations		
SUBJECT:		DROKER LO	<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:	
	MAKS	Name of Person	Sky
	999	BROKER LL Firm Company	<u></u>
	5748 FO	X Hollow D	2 APT # D
	BOCARat AMZ E-mail address:	City/State and Zip Code O 9 9 9 Au + 1 to be used for future annual report noti	33486 0 WORLO . COM
For further information c	concerning this matter, please ca	all:	
MAKSIM Name o	2ASLAUSKIY	at (<u>302</u>) <u>300</u> 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

999 B	ROKER LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L210001501.4/</u>	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil 999 A470 LLC The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SOCA ROTON FL 3348
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5748 FOX Hollow Dr APT D BOCA RATION FC 33486
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
New Registered Office Address: 5748	Fox Hollow Dr #APTD Emer Florida street address LATON Florida 33482
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
MNGR	SSS AutoW	orlduc 5748 FOX H	slow Dr :XAdd
		APT D	□ Remove
		BOCA RATOR	
MNGI	MAKSIM Z	APT D BOCA LAV	low of Indd
		APTO	/SRemove
		BOCA LAV	ON FZ 53486 □Change
			
			□Remove
			\ \ \ \ \ \ \ _
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If an effective date is li Note: If the date in	other than the date isted, the date must be sp iserted in this block do re date on the Departn	ecific and cannol be pri oes not meet the appl	licable statutory	O24 g or more than 90 filing requires	(optional) Days after filing.) Penents, this date wi	ursuant to	605.0207 (. listed as tl
	ies a delayed effe after the record is		10t an effecti	ive time, at	12:01 a.m. or	the ea	arlier of:
Dated			 •	- 0 4	٥	, /	1/.
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