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ALLANASSEE, LC.

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COVER LETTER

MKO PROPERTIES LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: OLEH KOSTYUK Name of Person MKO PROPERTIES LLC Firm/Company 2260 RINGLING BLVD, UNIT 234 Address SARASOTA, FL 34237 City/State and Zip Code OFEGKOS86% GMAIL COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OLEH KOSTYUK Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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

MKO PROPERTII	ES LUC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appear Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company forida document number	y were filed on _	04/14/2021		_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company h	<u>iere</u> :		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the	designation "LLC" o	or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	"			
		. <u>.</u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter th</u>	e name	of the new registered
				<i>(-)</i>
Name of New Registered Agent:				3:
New Registered Office Address:	F E	orida street address	<u> </u>	
	r.nter 1:1	orida sireei adaress	,	
	· · · · · · · · · · · · · · · · · · ·	Flor	ida	<u> </u>
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KOSTYA POLYAKOV	13112 ROYAL GFORGE AVE	= Add
			□Remove
			□Change
MOR MI-NASHI YAKUBOV	MENASHE YAKUBOV	209 LOCKART TER, FL 18T, PHILADELPHIA, PA 19 19116	= Add
		□Remove	
		□Change	
		□Remove	
		□ Change	
			□Add
			□Remove
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		□Change	
			□Add
			Remove
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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d) an cfi <u>Note:</u>	ive date, if other than the date of filing:
the recor ford is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	June 22. 2021.
	Signature of a member or authorized representative of a member
	DLEH KOSTYUK

Filing Fee: \$25.00