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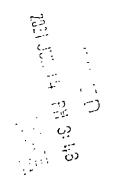
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	ana SHPERE	LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Svet	lana Yusupova	<i>a</i>
	Lanc	Shpere LLC Firm/Company	<u> </u>
	1301 NE Mic	Anni Gardens dr Address	apr-1714
	<u> Wiam</u>	Florida 33) City/State and Zip Code	179
		10 @ Proton Ince	
For further information	concerning this matter, please ca	all:	
Sveflang	y USUDOVA of Person	at (716) 571 Area Code Daytime	3529 Telephone Number
Enclosed is a check for	the 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 Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Section Division of Corporate Centre of Tales	orations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lunash Pe		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our r la Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability George	Company were filed on <u>May</u>	21, 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		Giring S
		-0, O
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uddress
		, Florida 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.

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	Svetlang Yusupova	1301 NE Miami Gardens dr	□Add
		apt 1714 Hiami Horida 33179	ØRemove
			□Change
AMBR	Svetlana Yusypova	1301 NE Hiami Gardens dr	Madd
		apt 1714 Miami Florida 3317	9 □Remove
			□Change
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fective date, if otl	ner than the date of	filing:		(optional)	
in effective date is liste	ed, the date must be speci-	fic and cannot be prior to da		days after filing.) Pursuant t	
	rted in this block does date on the Departmen		statutory tring requirem	nents, this date will not be	e fisica as i
ecord specifies a de	layed effective date: hi	ut not an effective time	at 12:01 a.m. on the earl	ier of: (b) The 90th day	after the
	layed effective date, bi	at not an effective time,	at 12.01 a.m. on the carr	ici or (a) The following	unce me
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