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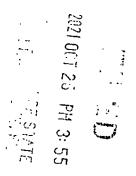
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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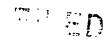
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COVER LETTER

	Registration Se Division of Cor			
	DB DEVEL	OPMENT AND CONSTRUC	TION LLC	
SUBJEC	T:	Name of Limi	ted Liability Company	<u>·</u>
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		ALEXEI DOUBOVIK		
			Name of Person	
		DB DEVELOPMENT AN	D CONSTRUCTION LLC	
			Firm/Company	
		22936 CLEAR ECHO DR	STE 32	
			Address	
		BOCA RATON FL 33433		
			City/State and Zip Code	
		MYCOMPANYINC2011@		
			to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please ca	ali:	
OKSAN	A KNEE		847 691-2125	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 S		Street Address: Registration Se	ction
	Division of C	Corporations	Division of Cor	porations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 OCT 25 PH 3: 55

DB DEVELOPMENT AND CONSTRUCTION LI

(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 Liability Company were filed on _______06/07/2021 and assigned Florida document number L21000262623 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY_BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

_. Florida ___

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>	Address	Type of Action
MGR	VALENTIN STELMACH	1588 LONESOME PINE LN	<u></u> ≅Add
		TARPON SPRINGS FL 34689	□Remove
			□Change
			□Add
			□Remove
			□Change
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If an off	ive date, if other than fective date is listed, the date If the date inserted in thi nent's effective date on the	must be specific and is block does not r	cannot be prior to neet the applicab	date of filing or more le statutory filing re	(option than 90 days after fil equirements, this d	ing.) Pursuant to 605.020
Note: docum			an affactive time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
docum	rd specifies a delayed effe led.	ective date, but not	an encenve uni			•
docum	OCTOBER 20		2021			,
docum	OCTOBER 20		· 2021			
docum	OCTOBER 20		· 2021	ed representative of	a member	

Filing Fee: \$25.00