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(Requestor's Name)
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PICK-UP WAIT MAIL
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2022 MAY 3 | PM |2: 07 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section
Division of Corporations

DB DEV	ELOPMENT AND CONSTRUC	TION LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	nitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ALEXEI DOUBOVIK		
	·	Name of Person	
	DB DEVELOPMENT AN	D CONSTRUCTION LLC	
		Firm/Company	
	33936 CLEAR ECHO DR	STE 32	
	-	Address	1
	BOCA RATON FL 33433		
		City/State and Zip Code	
	MYCOMCANYINC2011@		
	E-mail address: ()	to be used for future annual report not	dification)
For further information	concerning this matter, please ca	all:	
OKSANA KNEE		847 691-2125 at ( )	
Name	e of Person	Area Code Daytin	nc 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration Division of P.O. Box 6 Tallahassed	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DB DEVELOPMENT AND CONSTRUCTION LLC

2022 MAY 31 PM 12: 07

(Name of the Limited L	iability Company as it now appears on our lorida Limited Liability Company)	records.)
(A F	forida Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liabil	51-4 - 06/07/202	and assigned
-	nry Company were med on	and assigned
Florida document number L21000262623	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
	<del></del>	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis		, enter the name of the new regis
agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:	<u> </u>	
Name Description of OCC - Address of		
New Registered Office Address:	Enter Florida stre	et address
		Elowido
<del>-</del>	City	Florida 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PHIL LEHTMAN	1250 S. MICHIGAN AVE, APT 2706,	■Add
		CHICAGO. IL 60605	□Remove
		-	□ Change
			Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Effective date, if other than the effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ock does not meet the appli	cable statutory filing	(option: e than 90 days after fili requirements, this da	al) ing.) Pursuant to 60 ate will not be li:	05.0207 ( sted as t
e record specifies a delayed effective d is filed.					ter the
Dated MAY 26	y 2022 ○VI2 Signature of a member or auth				
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