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COVER LETTER

TO: Registration So Division of Cor				
	VIKISEWS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ELENA YAIKOVA			
		Name of Person		
	STRADA ADVISORS CO	ORP		
		Firm/Company		
	3440 HOLLYWOOD BL	VD, STE 415		
		Address		
	HOLLYWOOD, FL 3302	1		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	INFO@STRADAADVISC		de de	
For further information c	encerning this matter, please c	to be used for future annual report not all:	uncation)	
ELENA YAIKOVA		954 642-2550		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	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)	
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		
Tallahassee,	r1, 52314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIKISEWS LLC

(Name of the Limited Liability (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co Florida document number 1.22000129016	ompany were filed on $\frac{03/15/20}{2}$	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· ''' ''' ''' ''	212 1 222 NO 22 11 12 2 2 2 2 2
(Principal office address MUST BE A STREET ADDR	ESS)	
	 	22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2 7
B. If amending the registered agent and/or registered		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida str	eet address
		Florida Zip Code
New Registered Agent's Signature, if changing Registered	City	гір Code
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my digent as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANTON DANENKOV	800 SE 4TH AVE, SUITE 711	
		HALLANDALE BEACH, FL 33009	≅ Remove
			□Change
			□Remove
			□Change
			🗆 🗆 Add
			□Remove
			□Change
		.	□Add
			Remove
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			🗀 Add
			Remove
			□Change

If amending any other informat	ion, enter change(s) here: (Atta	ach additional sheets, if necessary.)	
 			
			
	· · · · · · · · · · · · · · · · · · ·		
	 		
	10/20/2001		
Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of ck does not meet the applicable stat	(optional) of filing or more than 90 days after filing.) Pursuant to 605. atutory filing requirements, this date will not be liste	0207 ed as
he record specifies a delayed effective ord is filed.	date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day after	the
OCTOBER 20	2024		
	RakusA		
	Signature of a member or authorized rep	presentative of a member	
VIKTORIIA RAKUSA			
- M. OKIM MAKOSA	Typed or printed name of	of signee	

Filing Fee: \$25.00