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TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations	· ·	· · · · · · · · · · · · · · · · · · ·
VKRAN	MAREV, LLC	•	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing,	
Please return all corre	spondence concerning this matter	to the following:	
	Volodymyr Kramarev		
	<u>.</u>	Name of Person	
	VKRAMAREV, LLC		
		Firm/Company	
	573 Richmond Dr		
		Address	
	St. Johns, FL 32259		
		City/State and Zip Code	
	kramarev.v73@gmail.com	•	
	E-mail address: (to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please c	all:	
Elmira Grigoryan		904 343-1877 at ()	
Nam	e of Person		ne Telephone Number
Enclosed is a check to	or 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		Street Address:	
Registratio		Registration Se	
P.O. Box 6	f Corporations 327	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT > TO ARTICLES OF ORGANIZATION OF

VKRAMAREV LLC (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 $\frac{06/14/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Custom Jewelry Design by Kramarev \ The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 573 Richmond Dr Enter new principal offices address, if applicable: Saint Johns, FL 32259 (Principal office address MUST BE A STREET ADDRESS) 573 Richmond Dr Enter new mailing address, if applicable: Saint Johns, FL 32259 (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.

City

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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, II u iii	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an et Note:	tive date, if other than the date of filing: [10/25/2023] (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) [2] If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
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Dated	Signature of a member or authorized representative of a member
	Kramarev
	Signature of a member or authorized representative of a member

Typed or printed name of signce