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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

SUBJECT: Sylvan Bui	ld LLC					
	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:				
	Denis Krichkovskiy					
		Name of Person				
		Firm/Company				
	541 NE 48th St Apt 214			•	20	
	·	Address		177	2022 JUN 27 PM 12: 2	:
	Boca Raton			3 ·	27	
		City/State and Zip Code). SS. C	P	
	sylvan@krichkovsky.com	to be used for future annual report notific	ration)	m. M	7K	
For further information c	oncerning this matter, please c	·			: 27	
Denis Krichkovskiy		at (305) 6807732				
Name o	f Person		Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &		
Mailing Addres Registration S		Street Address: Registration Sect	ion			
Division of C	Corporations	Division of Corp	orations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sylvan Build LLC

(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compan	2 and assigned	
Florida document number L22000272638		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Sylvan Builds LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		022
(Principal office address MUST BE A STREET ADDRESS)		
		SSE P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	ew mailing address, if applicable:	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records.	, enter the name of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	nt address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or. if this document is

If Changing Registered Agent, Signature of New Registered Agent

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Effective date, if o	ther than the d	late of filing	J:			(optio	nal)		
f an effective date is lis Note: If the date ins									
	date on the Dep	partment of St	tate's records.						
locument's effective								_	
		date, but not	an effective ti	me, at 12:01 a	a.m. on the e	arlier of: (b)	The 90th day	y after	the
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Filing Fee: \$25.00