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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TQ:

MASHKO SUBJECT:	V LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YAHOR MASHKOU		
		Name of Person	
		Firm/Company	
	10550 BAYMEADOWS I	RD UNIT 827	22
		Address	2 SEP
	JACKSONVILLE, FL 322	256	-7
		City/State and Zip Code	ification)
	YAHOR.MASHKOU@GN	MAIL.COM to be used for future annual report not	(Contion)
For further information c	oncerning this matter, please c	·	(2)
YAHOR MASHKOU		904 8445992 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASHKOV LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000346870	were filed on 08/08/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		22
		1) Spot
nter new mailing address, if applicable:		7 mm
Mailing address MAY BE A POST OFFICE BOX)		1
runing dualess MAT BE ATOST OTTICE BOX		
		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Cuton Class January and	
	Enter Florida street address	
	, Florid	
	City	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 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
AMBR	YAUHENI MASHKOU	8 MELBOURNE GREEN	□Add
		FAIRPORT, NY 14450	≣Remove
			□Change
			□Add
			□Remove
			□Change :: 22 Stoler :: Add CR:
			- 7 Remove - 1 Change
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E. Effec	ctive date, if other than the date of filing:	(optional)	60£ 020Z
Note	errective date is fisted, the date must be specific and cannot be prior to date of each of the date inserted in this block does not meet the applicable state imment's effective date on the Department of State's records.	atory filing requirements, this date will no	t be listed as
If the record is	ord specifies a delayed effective date, but not an effective time, at 12 filed.	2:01 a.m. on the earlier of: (b) The 90th of	lay after the
Date	AUGUST 25 2022		