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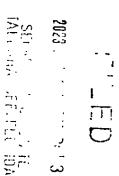
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COVER LETTER

Division of Corporations IVANCOCHEB LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ivan Chebotarev Name of Person IVANCOCHEB LLC Firm/Company 1756 N BAYSHORE DR 34E Address MIAMI, FL 33132 City/State and Zip Code ivankocheb1985@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ivan Chebotarev Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:**

TO:

Registration Section

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IVANCOCHEB LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	-
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{L22000516985}{L22000516985}$	ere filed on 12/09/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		W. W.
Principal office address MUST BE A STREET ADDRESS)		2023 38. At
		1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maning address MITT DE 111 ONT OF THEE 110 N	 	
3. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	dress on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	- · · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Floric	
	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.

City

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	Ivan Chebotarev	1756 N BAYSHORE DR Ste 34E	
		MIAMI, FL 33132	□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the effective date is listed, the date must	date of filing:	or to date of filing or more	(option	al) ing) Pursua	nt to 605.02
e: If the date inserted in this bloument's effective date on the De	ock does not meet the appl	icable statutory filing re	quirements, this d	ate will no	t be listed
cord specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b)		day after th
s filed.				SI:	20 23
January 17	2023				
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	Signature of a member or aut	ar a statica sur conservation of the		<u></u>	