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(City	//State/Zip/Phone	e #)
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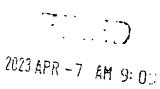
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC	LLC BEGI	JDOK		
SODJEC	∟li	Name of Litt	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		EKATERINA KISSELEV	'A	
			Name of Person	
		EGK SOLUTIONS		
			Firm/Company	
		7901 4TH ST N STE 325		
			Address	
		SAINT PEYERSBURG F	L 33702	
			City/State and Zip Code	
		info@egksolutions.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information o	concerning this matter, please c	ali:	
EKATE	RINA KISSELE	EVA	727 214 2848 at ()	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$ 25.	00 Filing Fee	S30.00 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 Address		Street Address:	
	Registration: Division of C		Registration Se Division of Co	
	P.O. Box 632	27	The Centre of	
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LLC BEGUDOK	<i>:</i>
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on 02/01/2023	and assigned
Florida document number L23000058984	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
BEGUDOK LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, entagent and/or the new registered office address here:	er the name of the new register
THE RESERVE NO. 1 CO. M. L. C.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street add	ress
	Florida
City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in Chapter 60: weing filed to merely reflect a change in the registered office address, I hereby confirm to company has been notified in writing of this change.	and I am familiar with and
· 	e 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>	<u>Address</u>	Type of Action
AMBR	TESLIA KOSTIANTYN	231 174TH ST M06 SUNNY ISLES BEACH	
		SUNNY ISLES BEACH FL 33160	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			🗀 Add
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			□ Add ·
			□ Remove
			□Cliange

	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ffective date, if	other than the date of filing:
ote: If the date in ocument's effection	nserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to date on the Department of State's records.
record specifies a is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
, 04/06/2023	
ated	-
eted	TP
ated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member KOSTIANTYN