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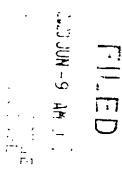
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COVER LETTER

LLC

10: Registration Sec Division of Corp	porations		
SUBJECT: OR	Yacht av	nd Real Est	tole Services
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Olesi	ia Rasiuk	
		Name of Person	
	OK Vacht as	rd Real Tstate Se	existes LC
	1 . 1 / /	Firm/Company	ь //n э
	4 W LOS	Olas Bludi	# 1103
	Fort las	uderdole FL	33301
	OLESIA. F	City/State and Zip Code CHS/VK D GM to be used for future annual report notifi	ail.com
For further information co	oncerning this matter, please ca	all:	
Olesia	Rasive	at (646) 400 d	7598 Telephone Number
, value vii		.,	•
Enclosed is a check for th	ne 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

OR Vacht and Real Estate Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liab	ility Company were filed on	and assigned
Florida document number	 '	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the OLESIA The new name must be distinguishable and contain the word	RASIUK LL	
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A		2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	
B. If amending the registered agent and/or registered affice address by	istered office address on our records, <u>ente</u> <u>1ere</u> :	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, F	Florida

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.

1f 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
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			□Remove
		-	Change
			□Remove
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record :	specifies a de d.	alayed effe	ective date, t	out not a	n effectiv	e time, at	12:01 a.m.	on the earl	ier of: (b)	The 90th o	lay after the
Dated	Lun	e	5		202	<u> </u>					
			Signatu	re of a m	wriber or a	uthorized (representativ	e of a memb	er	· ·	
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Filing Fee: \$25.00