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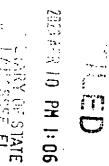
(Requestor's Name)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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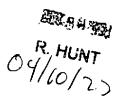
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: MAK SOURCING LLC Name of Limited Liability Company		
The em	nclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Omitriy Makovskiy Name of Person	_	
	. Firm/Company	ZEZA VR. 10	
	1515 Flourney Loop # 11309 Address	10 PM 1: 06	:
	CLEARWATER FLORIDA 33764 City/State and Zip Code Omak @ Mak floor 5. Com E-mail address: (to be used for future annual report notification)	1:06	45.0
For fur	rther information concerning this matter, please call:		
Dr	nitriy Makovskiy at (916) 342-4362 Name of Person Area Code Daytime Telephone Number	<u>-</u>	
Enclos	sed is a check for the following amount		
⊠ \$2	(additional copy is enclosed) Certifie	ate of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAK SOURCING LLC

(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on Feb 24, 2023 and assigned
Florida document number <u>L 23000099606</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility 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:	912 Drew St Suite 102 Unit 1027
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER FLORIDA 33755
Enter new mailing address, if applicable:	912 Drew St Suite 108 Unit 1027
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER FLORIDA 33755
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
The second of the second of the address second	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Florida Zin Code Zin Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with the 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 Changing Registered Agent, Signature of New Registered Agent

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and and the should be about the state of the				
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to da	te of filing or more than 90 da	(optional) vs after filing.)	Pursuant to 605	.020
e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	statutory filing requiremen	ts, this date v	vill not be liste	ed a
cord specifies a delayed effective date, but not an effective time, as filed.	at 12:01 a.m. on the earlier	of: (b) The	90th day after	r the
A 11 4 2 -2				
ed April 4 2023.				
	<u></u>			
	representative of a member			