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COVER LETTER

FO: Registration Se Division of Cor			
RYCHKA I	EGAL CONSULTING LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROMAN RYCHKA		
		Name of Person	
	RYCHKA LEGAL CONST	JETING LLC	
		Firm/Company	
	200 E LAS OLAS BLVD,	SUITE 1400	
		Address	
	FORT LAUDERDALE, FI	.ORIDA, 33301	
	CONTACT@RYCHKALE	City/State and Zip Code GAL.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
ROMAN RYCHKA		+1 3053190247	7
		at () Area Code Daytin	
Name o	f Person	Area Code Daytin	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		√ Street Address:	
Registration :		Registration Se	
Division of C	•	Division of Co	•
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monre	Fallanassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RYCHKA LEGAL CONSULTING LLC

(Name of the Limited	d Liability Compa A Florida Limited	iny as it now appears on (Liability Company)	our records.)
The Articles of Organization for this Limited Lia Florida document number 1.23000156500	bility Company	were filed on	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
RYCHKA CONSULTING LLC			, r-J
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designa	ation "LLC" 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)		200 E LAS OLAS BLV	D, SUITE 1400, FORT LAUDERDALE
		FLORIDA, 33301	d'i

		Ç? 200 E LAS OLAS BLVD, SUITE 1400, FORT LAUD <u>ÉR</u> DALE	
		FLORIDA, 33301	
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our record	is, enter the name of the new registe
Name of New Registered Agent:	ROMAN RYCHKA		
New Registered Office Address:	1029 NE 58TH	STREET, UNIT 14-101	
		Enter Florida st	reet address
	OAKLAND PA	ARK	, Florida
		City	Zin 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 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>	<u>Address</u>	Type of Action
N/A	N/A	N/A	
			□Add
			□Remove
			Change
			□Add
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			\ _Add
			□Remove

Page 2 of 3

	N/A
	- "
(If an i	N/A ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	OCTOBER 28 2024
Date	d
	toecof
	Signature of a member or authorized representative of a member ROMAN RYCHKA