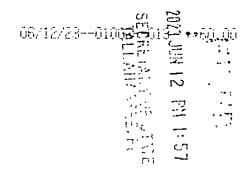
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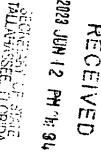
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COVER LETTER

TO: Registration S Division of Co			
subject: <u>kom</u>	e <u>Restoratio</u>	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Roman	Gordiychuk Name of Person	
		Firm/Company	
	2458 M	argare+ In	2003 JU
	North por	+ FL 34286 City/State and Zip Code	
	Rome Crxxi E-mail alldress:	to be used for future annual report notice	nfication)
For further information	concerning this matter, please c	all:	111
Roman	Gordiy Chuk	at (<u>4/0</u>) <u>369</u> Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 Addre	<u>'88:</u>	Street Address:	

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

Kome Kesturation	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) Other Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000175786</u> .	ere filed on April 10, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	<u>y company here</u> :
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:	
(Principal office address MUST BE A STREET ADDRESS)	500 72
	2
Enter new mailing address, if applicable:	- CT
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	_ , Florida
	City Zip 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 per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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

Title MGR	<u>Name</u>	Address	Type of Action
AMBR AMBR	Roman Bordiychuk	2458 Margaret In	HAdd
אטייוק		North Port FL 34286	/ □ Remove
			□Change
MBR MGR	Yuliya Gordiychu	ik 2458 Margaret In	CD/Valu
MOK		North Port FL 3428	Remove
			□Change
	-		□Add
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Effective da	ate, if other than date is listed, the date date inserted in the effective date on the	is block does not	meet the applic	able statutory fil	more than 90 days ing requirements	optional) after filing.) Pursua s, this date will no	nt to 605.0207 t be listed as
Note: If the				ime, at 12:01 a.m		of: (b) The 90th (lay after the
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Filing Fee: \$25.00