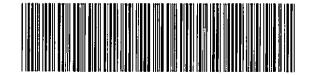
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(Requestor's Name)
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FEB 03 S. PRATHER

COVER LETTÈR

TO: Registration Se Division of Cor		
SUBJECT: RE	STOBC LLC	
SORTECT: W	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:
	Svetla	na Mislauskaia Name of Person
	Vo	lena INC. Firm Company
		FirmCompany
	18100 Atla	autic Blud, apt. 304
		City/State and Zip Code enausa. com to be used for future annual report notification)
	into @ vol	enausa. com
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please ca	att:
Svellana	Mislowskaia	at (954) 544 - 0362
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
¥\$25.00 Filing Fee	¥\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:
Registration S Division of C		Registration Section Division of Corporations
P.O. Box 632	•	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	<u>,</u> 5
The Articles of Organization for this Limited Liability Company were filed on	aśsigned-
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the limited Liability Company.	n" (* * * * * * * * * * * * * * * * *
	n 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(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, <u>enter the name of the</u> agent and/or the new registered office address here:	new register
Name of New Registered Agent: New Registered Office Address: Volena INC 711 NE 10 th Ave Enter Florida street address Hallandale Beach Florida 33 C	
	2003 .

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.

Svetlaua Mislavskaia Mull
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>	Address	Type of Action
AMBR	Natalija Pikshikova	1850 S Ocean De, apt.405 Hallandale, Fd, 33009	
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			Change
			□Remove
			C.Change
			□Add
			□Remove
			□Change
			
			Remove
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			partment of S			atatory III	ng requires	neito, tito date	will not be liste
	ies a delay	red effective	date, but not	an effecti	ive time, at	12:01 a.m	, on the ear	lier of: (b) Th	e 90th day after
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	g De	rcenibe Tarar	Morey Signature of	, <u>LO</u> member or	24 authorized	representativ	re of a memb	xer	

Filing Fee: \$25.00