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Registration Section

TO:

Division of Cor	porations		
Zheka Hane	dyman LLC		
SUBJECT:	Name of Lim	tited Liability Company	
	Amendment and fee(s) are sub	-	
ricase return an correspo	endence concerning this matter	to the following:	
	Yevgeniy Podrezov		
		Name of Person	
	Zheka Handyman LLC		
		Firm/Company	
	209 Lecturn St		
	-	Address	
	Port Charlotte, FL 33954		
		City/State and Zip Code	
	stan2006rus@gmail.com		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Yevgeniy Podrezov		360 558-1379 at ()	
Name o	f Person		e 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 & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	shility Company as it now ennear on our was	oords)
(A F	ability Company as it now appears on our reconda Limited Liability Company)	<u>ण पक्</u> र
The Articles of Organization for this Limited Liabil Florida document number L24000118207	ity Company were filed on 03/08/2024	and assigned
This amendment is submitted to amend the following	g:	
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 "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		<u> </u>
Principal office address MUST BE A STREET A	DDRESS)	
		1024
		1924 APR
Enter new mailing address, if applicable:		~ - ~
Mailing address MAY BE A POST OFFICE BOX	<u></u>	-0 .
making data ess mai be a losi of fice box	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
B. If amending the registered agent and/or regist	tored office address on our records, and	tor the name of the new registe
gent and/or the new registered office address he		ter the manie of the new register
	_	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	dress
	City	Florida Zip Code
	City.	ги соне

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 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
MGR	Podrezov, Yevgeniy	209 Lecturn St Port Charlotte, FL 33954	🗏 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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Factive data if a	her than the date of	Gli-a-		(antional)	
an effective date is list ote: If the date ins	ed, the date must be specificated in this block does date on the Departmen	fic and cannot be prior not meet the applic	able statutory filing r		.) Pursuant to 605.020
record specifies a c is filed.	elayed effective date, bu	at not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) TI	ne 90th day after the
March 25th		2024			
ated	£ 10:01	<u>, </u>	·		
	(/12)44	<u> </u>			
	Signature	e of a member or auth	orized representative of	a member	
