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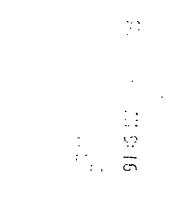
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## **COVER LETTER**

Registration Section

TO:

Division of Corp	porations				
ESTATERE SUBJECT:	NEW LLC				
		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	MAKSYM PECHENYK				
		Name of Person		_	
	ESTATERENEW LLC				
		Firm/Company		_	
	150 SEE 3RD AVE, APT	327			
		Address		_	
	FORT LAUDERDALE, F	L 33301		•	
		City/State and Zip Code	,		
	info@bkadvisors.co	1	,		i
Non-further information as	·	to be used for future annual report notif	lication)	- 	): !6
	oncerning this matter, please c			, -	
MAKSYM PECHENYK		954 347-7966 at ()			
Name of	Person	Area Code Daytime	e Telephone Numb	er	
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee cate of Sta ed Copy al copy is e	atus &
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite	810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESTATERENEW LLC			
(Name of the Limi	ited Liability Company as it now (A Florida Limited Liability Cor	v appears on our records.) mpany)	
The Articles of Organization for this Limited L	iability Company were filed	I on 04/08/2024	and assigned
Florida document number L24000165049	<del></del>		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	oany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
		,	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		· • <u>.</u>
		-	
B. If amending the registered agent and/or	registered office address or	n our records, <u>enter the i</u>	name of the new registere
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	MAKSYM PECHENYK		
New Registered Office Address:	2875 NE 191 ST, STE 500	O	
	E	nter Florida street address	
	AVENTURA	Floride	33180

## 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.

City

Ilaksyu Pechanyk Muh If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	OLEKSANDR MATSOTSKYI	2875 NE 191 ST, STE 500	□Add
		AVENTURA, FL 33180	≣Remove
			Change
AMBR	ALONA PECHENYK	2875 NE 191 ST, STE 500	<b>≘</b> Add
		AVENTURA, FL 33180	□Remove
			□Change
			□Add
			Remove
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<del></del>		<del></del>	Add
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			Remove
			Change

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	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the applicable statutory filing requirements, this date will not be lister's records.
cord specifies a delayed effective date, but not an a sfiled.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
APRIL 26	2024
ed	<del>,</del> ·

Filing Fee: \$25.00