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(Document Number)				
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	CITYSCAPE E	DEVELOPMENTS LLC			
Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	r to the following:			
		ALBINA IALALOVA			
Name of Person					
I LOVE ACCOUNTING LLC					
Firm/Company					
308 SILVER PINE DR					
	Address				
		LAKE MARY, FL 32746			
		City/State and Zip Code	-		
		albinaialalova@gmail.com			
		(to be used for future annual report no	tification)		
For further information	concerning this matter, please of	call:			
ALBINA	IALALOVA	407 473-1323			
Name	of Person	at () Area Code Daytir	ne 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 Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITYSCA	PE DEVELOPMENTS LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on05/15/2024	and assigned	
Florida document number L24000226202			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
		20	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADD	RESS)	5	
		55 P 11	
		To 2:	
Enter new mailing address, if applicable:		平 24	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere	ed office address on our records, <u>enter the</u>	name of the new registered	
agent and/or the new registered office address here:			
Name (SM - D. C.)			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid		
	City	Zip 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>	Address	Type of Action
AMBR	IGOR IURCHENKO	125 TALMONT CIR ROSEVILLE, CA 95678	□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated June 20 Signature of a member or authorized representative of a member **EVGENY PESKOVOY** Typed or printed name of signee

. . . .

Filing Fee: \$25.00