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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

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## **COVER LETTER**

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TO: Registration Section

Division of Co	orporations			
	JM ASSET MANAGEMENT, L	LC		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	DMITRY KHAUSTOVIC	11		
		Name of Person		
	IMPERIUM ASSET MAN	AGEMENT, LLC		플
		Firm/Company	<u> </u>	- :
	1833 S OCEAN DRIVE 4	07		<u>.</u> :
		Address	- <del></del>	• 1
	HALLANDALE BEACH.	FL 33009		سب
		City/State and Zip Code		
	KHAUSTOVICH@GMAI	L.COM to be used for future annual report not	(figurian)	
			areatony	
	concerning this matter, please c			
DMITRY KHAUSTO		at ()		
Name	e of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of State Certified Copy (additional copy is en	tus &
P.O. Box 6	n Section Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPERIUM ASSET MANAGEMENT, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records, iability Company)	.)
The Articles of Organization for this Limited Liability Company  Florida document number 1.24000316553	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		<del>.</del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<del> </del>
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	nddress on our records, <u>enter (</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida
	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 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	KOLENITCHENKO, DANIEL	2831 QUEENS COURTYARD DR	<b>=</b> Add
		LAS VEGAS, NV 89109	□Remove
			□Change
MGR	KOLENICHENKO, ARKADII	BUILDING 2 NO.7 BLUEWATERS	🗆 Add
_		BLUEWATERS, DUBAI, AE 47428-8	≣Remove
			□Change
			□Add
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te: If the date inserted in this tument's effective date on the l	ust be specific and cannot be prior to data block does not meet the applicable department of State's records.	statutory filing requirements.	inis date will not be listed.
JULY 31	2024		
ed			
	Heeece	ed _	

. . .

Filing Fee: \$25.00