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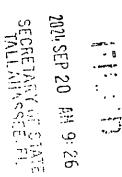
(Re	questor's Name)	 ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
SOROKA SUBJECT:	AND SOROKA LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	EDUARD SOROKA		
		Name of Person	
	SOROKA AND SOROKA	A LLC	
		Firm/Company	
	2230 NURSERY ROAD,	B22	SECRETALL SERVICE
		Address	20
	CLEARWATER, FL 3376	54	一点
		City/State and Zip Code	- Gior C
	edyardsorokal@gmail.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	otification)
EDUARD SOROKA	which is the state of the state	727 6100248	
	of Person	at ()	
Maine	or reison	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632 Tallahassee, 1		The Centre of	*****
i alialiassee, l	1 12 12 14	2410 IN. IVlonr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOROKA AND SOROKA LLC (Name of the 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 $\frac{09/09/2024}{1}$ and assigned Florida document number L24000392245 This amendment is submitted to amend the following: 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 "L.L.C." Enter new principal offices address, if applicable: (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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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>	Name	Address	Type of Action
AMBR	EDUARD SOROKA	2230 NURSERY ROAD, B22	
		CLEARWATER, FL 33764	□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			Remove SECRETA
			Add Remove
			Change
			□Add
			©Remove
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ective date, if other than the d	ate of filing:		_ (optional)
n effective date is listed, the date must tee: If the date inserted in this block	be specific and cannot be prior to	date of filing or more than 90 da	ays after filing.) Pursuant to 605.02
cument's effective date on the Dep		te statutory ming requireme	nts. this date will not be fisted a
ecord specifies a delayed effective s filed.	date, but not an effective time	e, at 12:01 a.m. on the earlie	er of: (b) The 90th day after th
	2024		
September 17,	_		
September 17,		/)	
	ignature of a member or authoriz		

Filing Fee: \$25.00