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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056

Phone

: (954)842-2931

Fax Number

: (954)842-2936

S. CHATHAM

11IN - 9 2025

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COR AMND/RESTATE/CORRECT OR O/D RESIGN AVOR GROUP INC

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AVOR GROUP I	NC		
DOCUMENT NUME				
	of Amendment and fee are so	abmitted for filing.		
Please return all corres	spondence concerning this ma	atter to the following:		
	ANOSOV, VOLODYMYR			
		Name of Contact Perso	n	
	AVOR GROUP INC			
		Firm/ Company		
	15421 West Dixie Highway	Bay 14		
,		Address		
	North Miami Beach, FL 331	62		
•	<u> </u>	City/ State and Zip Cod	e	
	avorgroupfl@gmail.com			
•	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
ANOSOV, VOLODYMYR		at (⁷⁸⁶	_) 219-6627	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
	ndment Section ion of Corporations		ment Section	
	Box 6327		on of Corporations	
	hassee FL 30314	The Centre of Tailahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

4 1 7/2 D	CROUD DIC	

AVOR GROUP INC		
(Name of Corpo	ration as currently filed with the Florid	da Dept. of State)
P18000028329		
(Do	ocument Number of Corporation (if know	/n)
Pursuant to the provisions of section 607,1006, Flo its Articles of Incorporation:	orida Statutes, this Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new name of th	le corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association." or the al	Inc." or "Co". A professional corner	orated" or the abbreviation "Corp.," ation name must contain the word
B. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>	able: ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new register Name of New Registered Agent	stered office address in Florida, enter to confice address:	the name of the
	(Florida street address)	
No a Bracker and Office Addition		
New Registered Office Address:	(Ciṇ)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing I	Registered Agent:	
hereby accept the appointment as registered agen	u. I am familiar with and accept the obli	igations of the position.
		2025.
Si	ignature of New Registered Agent, if char	nging E 7
Theck if applicable The amendment(s) is/are being filed pursuant to	s. 607.0120 (11) (e), F.S.	588

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Saily Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	VP	Sukhoivan, Oleksii	20100 w country club dr Ph 9
Add			Aventura, FL 33180
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4)Change			
Add			
Remove			——————————————————————————————————————
5) Change			2025 JUN
Abb			
Remove			
6) Change		-	
Add			
Remove			

amending or adding additional A trach additional sheets, if necessary,	(Be specific)			
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n amendment provides for an exc	hange, reclassification	or cancellation of	issued shares.	
ovisions for implementing the am (if not applicable, indicate N/A)	enobient it not contair	ea in the amendm	ent itself:	
<u> </u>				
				1
				38 S
			·	`
				MASSES AMILIS

. .

The date of each amendment(s) date this document was signed.	edoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(5)	(CHECK ONE)	
■ The amendment(s) was/were accion was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	pent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
06/09/202 Dated		
(By a d selecte	irector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	rt
	ANOSOV, VOLODYMYR	2028
	(Typed or printed name of person signing)	
	PRESIDENT	HA
	(Title of person signing)	MAII: 15

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