From: MADINA bahratdinova

7/17/23, 12:22 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MIACCOUNTING CO Account Number : I20220000131 Phone : (305)610-2704 Fax Number : (305)647-6040

| PH 3: 42 | OF STATE PPORATION E. FLORIDA |
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ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN SUPERAPTAMERS CORP

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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Help

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COVER LETTER

| TO: Amendment Section Division of Corpor | | | | | |
|--|---|--|--|--|--|
| NAME OF CORPORA | ATION: SUPERAPTAME | RS CORP | | | |
| DOCUMENT NUMBI | | | | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | | | |
| Please return all corresp | ondence concerning this ma | tter to the following: | | | |
| A | ARTUR SHACHNEV | | | | |
| <u>-</u> S | Name of Contact Person SUPERAPTAMERS CORP | | | | |
| - | | Firm/ Company | | | |
| 6 | 550 NE 2ND AVE APT 3100 | | | | |
| - | Address | | | | |
| : | MIAMI, FL 33132 | | | | |
| | | City/ State and Zip Cod | c | | |
| i | nfo@miaccounting.us | | | | |
| ~ | • | sed for future annual report | notification) | | |
| For further information | concerning this matter, pleas | se call: | | | |
| ARTUR SHACHNEV | | at (305 | 610-2704 | | |
| Name of | 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 | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

Page 5 of 8

From: MADINA bahretdinova

(((H230002492793)))

Articles of Amendment to Articles of Incorporation of

| SUPERAPTAMERS CORP | |
|--|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| P23000051937 | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the fots Articles of Incorporation: | llowing amendment(s) to |
| . If amending name, unter the new name of the corporation: | |
| iame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbr | The new |
| Unc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must to chartered," "professional association," or the abbreviation "P.A." | contain the word |
| Enter new principal office address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| February - West - 11 - 16 - 18 - 19 | |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | <u> </u> |
| | |
| If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: | ### ################################## |
| | |
| Name of New Registered Agent | |
| | |
| (Florida street address) | |
| New Registered Office Address: Florida | ₩ 20 2 0 |
| (City) | (Lip Code) |
| | - 注稿 と |
| | |
| ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the post. | _225 60 7≥2 |
| the post | "" <u> </u> |
| | |
| | · 第5 元 (|
| Signature of New Registered Agent, if changing | |
| hade if annliants | 01 / |
| heck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S. | |
| the antoniments) is the being their pursuant to 5, 007.7727 (11) (c), 7,5, | |

13056476040

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 = Chalman 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, Sally 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 Dog | | | |
|-------------------------------|--------------|------------------------|-------------------------|--|--|
| X Remove | <u>v</u> | Mike Jones | | | |
| <u>X</u> Add | <u>\$V</u> | Sally_Smith | | | |
| Type of Action (Check One) | <u>Title</u> | <u> Мише</u> | <u>Addros</u> s | | |
| 1) Change | P | NONAME NANOBIOTECH INC | 650 NE 2ND AVE APT 3106 | | |
| X Add | | | MIAMI, FL 33132 | | |
| Remove | | | | | |
| 2) X Change | CEO | ARTUR SHACHNEV | 650 NE 2ND AVE APT 3106 | | |
| Add | | | MIAMI, FL 33132 | | |
| Remove 3) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | , | | | |
| Remove | | (| | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

From: MADINA bahretdinova

| | | | | (((H2300024 |
|--|---------------------|--------------------|----------------|-------------|
| nending or adding additional Articles, | enter change(s) h | ere: | | |
| ch additional sheets, if necessary). (Be | specific) | <u> </u> | | • |
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| | reclassification, | or cancellation of | issued shares. | |
| amendment provides for an exchange, | nt if not contains | d in the amendme | nt itself: | |
| isions for implementing the amendme | nt if not contains | d in the amendme | ent itself: | |
| visions for implementing the amendme | nt if not containe | ed in the amendme | nt itself: | |
| visions for implementing the amendme (if not applicable, indicate N/A) | ent if not contains | d in the amendme | nt itself: | |
| visions for implementing the amendme | ent if not contains | d in the amendme | nt itself: | |
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|--|---|--|---|
| The date of each amendment(s) add date this document was signed. | option: | | , if other than the |
| JULY | 17, 2023 | | |
| Effective date if applicable: | (no more than | 90 days after amendment file date) | |
| Note: If the date inserted in this bla document's effective date on the Dep | ck does not meet the appl artment of State's records. | icable statutory filing requirements, this da | te will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were adop action was not required. | ted by the incorporators, or | board of directors without shareholder action | un and shareholder |
| ☐ The amendment(s) was/were adop by the shareholders was/were suff | • | he number of votes cast for the amendment(| s) |
| The amendment(s) was/were appromust be separately provided for each | oved by the shareholders th ach voting group entitled to | rough voting groups. The following statems over separately on the amendment(s): | eni |
| "The number of votes cast fo | or the amendment(s) was/w | ere sufficient for approval | |
| by | (voting group) | 19 | |
| | (voung group) | | |
| Dated JU | (g 17,20 | 23 | |
| selected, | | feer if threctors or officers have not been he hands of a receiver, trustee, or other courty) | rt |
| A | ARTUR SCHACHNEV | | |
| | (Typed or printed | d name of person signing) | *************************************** |
| C | CEO | | |
| _ | (Title of person s | igning) | |