L51643

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SECRETARY OF STATE

MB 2617 SOMROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Malakia Inc.					
DOCUMENT NUMBER: L51643					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning	g this matter to the following:				
Theod	Name of Contact Person Cia Inc Firm/ Company				
Malak	cia Inc				
	Firm/ Company				
199 N Florida Ave Address Tarpon Springs, FL 34689 Cityl State and Zip Code					
Address					
Tarpon	Springs, FL 34689				
	City/ State and Zip Code				
	2515@ yahor.com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Thuodosis Panesi.	S at (7.27) \$08-1359 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:				
\$35 Filing Fee	Fee & \$343.75 Filing Fee & \$ \$252.50 Filing Fee \$ Certified Copy				
Mailing Address	Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

MALAKIA INC	
(Name of Corporation as current)	v filed with the Florida Dept. of State)
L51643	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or " word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent Through 5:5	
Name of New Registered Agent (1) (Cocas 3)	70 = 11
N / /*	eet address)
New Registered Office Address:N/A	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar y	
Theer	
Signature of New R	registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Cl Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PVT5D	Maria A Panesis	199 N Florida Ave
Add Remove			199 N Florida Ave Tarpon Springs, Fo 34149
2) Add	PTSDV	Theodosis Painisis	199 N Florida Ave Tarpon Springs, FL 34689
Remove 3) Change			34cs9
Add Remove 4) Change Add Remove			FILED 19 AUG 23 AM II: 39 SECONE JAN OF STAIGA
5) Change Add Remove			> 9
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
NIA		
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	HAS	19 AUG 23
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		•
(if not applicable, indicate N/A)	15 ST	AM III
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NA	· · · · · · · · · · · · · · · · · · ·	
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The date of each amendmen date this document was signed	-	10,2019	if other than
Effective date <u>if applicable</u> :	,	(<u>)</u> ys after amendment file date	
	this block does not meet the applicable he Department of State's records.	statutory filing requirement	ts, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The nun ere sufficient for approval.	iber of votes east for the amo	endment(s)
	re approved by the shareholders through ed for each voting group entitled to vote	'	•
"The number of votes	s cast for the amendment(s) was/were sul	flicient for approval	
by	√/ A (voting group)		
The amendment(s) was/wer action was not required. Dated Signature (E)	re adopted by the board of directors without so the adopted by the incorporators without so the adopted by the incorporators without so a director, president or other officer – elected, by an incorporator – if in the han oppointed fiduciary by that fiduciary)	shareholder action and shareh	19 AUG 23 AM II: (SECRETARY OF STATE TALL AHASSEE, FLD BUT been been been been been been been bee
	Theodosis (Typed or printed name President S (Title of per	Panes (S) of person signing) ec Trees V.P. rson signing)	res. Director