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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATE | ON: BARA | THAT WORLD, | nc. | | | |
|-------------------------------|---|--|------------------|--|---------------------------------------|---------------|
| DOCUMENT NUMBER: | NZ30 | 000 6864 | | | · · · · · · · · · · · · · · · · · · · | |
| The enclosed Articles of An | nendment and fee are sub | omitted for filing. | | | | |
| Please return all correspond | ence concerning this mate | ter to the following: | | | | |
| | LAW | INERCE CAPLAN | | | | |
| | | (Name of Contact Pers | on) | | | |
| | LA | WALLE A. CAF | 2405, P. | A | | |
| | | (Firm/ Company) | | | | |
| | 13 | 375 GATEWAT B | CVD | | | |
| | | (Address) | | | | |
| | | BOTATION BEACA (City/ State and Zip Co | i 4 3 | 3926 | | |
| <u> </u> | | (City/ State and Zip Co | de) | | | 2 2 2 |
| | | BELLSUAH. N | | | | |
| L | -mail address: (to be used | d for future annual repor | t notificatio | n) | | Ş |
| For further information conc | erning this matter, please | e call: | | | | <u>۔</u> ج |
| | · CAPLAN | at | 50 | (Daytime Telephone | , , <u>1</u> | پ |
| | (Name of Contact Person | 1) (, | Area Code) | (Daytime Telephone | : Number) | r |
| Enclosed is a check for the f | ollowing amount made p | ayable to the Florida De | partment of | State: | | |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certif Certif | D Filing Fee feate of Status fed Copy tional Copy is used) | | |
| Mailing A | ddress | Stree | t Address | | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Howard that he state of the

Articles of Amendment to

Articles of Incorporation of

| BARAX | H world, me. | |
|--|---|---------------|
| (Name of Corporation as currently filed with the Florida 1) | lept. of State) | |
| N2300 | 000 6864 | |
| (Document Number | er of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation: | s, this Florida Not For Profit Corporation adopts the | he following |
| A. If amending name, enter the new name of the corporati | on: | |
| | | The new |
| name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name. | ion" or "incorporated" or the abbreviation "Corp. | or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 1598 SW 215+ LANE | |
| | BOCA RATON, DL 33486 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) | 1598 SN 21 ST LANE | |
| | BOCA ROTON, EL 33486 | ****** |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street address) | - |
| | , Florida | |
| | (City) (Zip Code) | -,- |
| New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan | Agent: niliar with and accept the obligations of the position | |
| Sis | nature of New 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, 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, 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.

| Example: \underline{X} Change \underline{X} Remove \underline{X} Add | PT John De Y Mike Je SV Sally St | <u>ones</u> | |
|--|--|---|---|
| Type of Action (Check One) | Title | Name • | Address |
| l) <u>X</u> Change Add | <u> </u> | ZHANDREVL ZHAMOLDINOVA | 1598 SW 21 ST LANE BOCA RATON EC 33986 |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Remove Add Remove | | - | |
| 4) Change Add | | | - 0 |
| Remove | | | 2 |
| 5) Change Add | | • | <u> </u> |
| Remove | | <u>-</u> | 2. 2 |
| 6) Change Add | | | |
| Remove | | | ··· |
| E. If amending or addin (attach additional shee | g additional Arti | cles, enter change(s) here: (Be specific) | |
| | | | 3 U.S. 101 |
| | | | |
| | | | |
| | | | |

| Effective date <u>if applicable</u> : | OCTO 6E R 13 702 3 (no more than 90 days after amendment file d | late) |
|---------------------------------------|--|-------------|
| date this document was signed. | ption: | |
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<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| | bers or members entitled to yote on the amendment(s). The amendment(s) was/were ard of directors. |
|-----------|--|
| Dated | |
| Signature |) Maley - |
| ~ | (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | ZHOWA GUL ZHAMALDINOVA |
| | (Typed or printed name of person signing) |
| | |
| | (Title of person signing) |