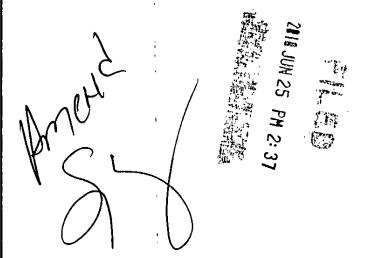
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: KEK	Fortune, I	<u>^</u>
DOCUMENT NU	MBER: P080	0000 23375	<u>, </u>
The enclosed Artic	cles of Amendment and fee are	submitted for filing.	•
Please return all co	orrespondence concerning this n	natter to the following:	
. : -	KeK	VUSUPOV e of Contact Person Fortune, Inc	
,	8701 C	ollins Ave	
	Miani Bea	Address 1. The 3315	54
	City/	State and Zip Code	.
•	E-mail address: (to be used fo	r future annual report notification)	.
	of Contact Person		8762 Shone Number
Enclosed is a check	k for the following amount made	e payable to the Florida Departn	nent of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

KEK For	tune. In	1 · i · · · · · · · · · · · · · · · · ·	
(Name of Corporation as currently filed with	the Florida Dept. of	State)	
P 08 0000	23375	· · · · · · · · · · · · · · · · · · ·	
(Document Number of Corporat		1	
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Pro</i>	flt Corporation ad	opts the following
A. If amending name, enter the new name of the corporatio	<u>n:</u>		
,			
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associations of the contain the word "corp."	orp," "Inc," or "Co	" A professional	
B. Enter new principal office address, if applicable:	<u> </u>	:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	,	•	
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		•	
		•	
			<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		enter the name of	<u>the</u>
O o C · ` I	\ /ucis-		
Name of New Registered Agent: Katall	YUSUPO		
- <u>New Registered Office Address</u> : (Flori	Collins A da street address)	ve	· · · · · · · · · · · · · · · · · · ·
Miami	Beach	, Florida 3	3154
(City)		(Zip Code)	 '
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami		the obligations of th	ae position
		1	- Poomon
Strature of Nan	Registered Agent, if	ahanaina	•
. Bestuite of New	negmered Agent, If	ununging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being e-removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Type of Action** Title **Name** Address Rafail Yusupov Add ☐ Remove ☐ Remove . E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) adoption:					
Effective date if applicable:	(date of adoption is re	quired)			
(n	o more than 90 days after amendment	file date)			
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	• •			
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The numb sufficient for approval.	per of votes cast for the amendment(s)			
	approved by the shareholders through vor each voting group entitled to vote se				
"The number of votes case	t for the amendment(s) was/were suffic	cient for approval			
by		·,·			
(va	oling group) -				
action was not required. The amendment(s) was/were a action was not required.	dopted by the incorporators without sh	areholder action and shareholder			
Dated_ 6-2	1-10	. '			
	irector, president or other officer – if d				
	ted fiduciary by that fiduciary)				
_	(Typed or printed name of pe	POV erson signing)			
	President				
	(Title of person signing)				