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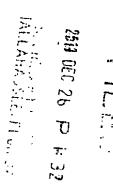
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Ultra S, Inc			
DOCUMENT NUMBER: P100000 82544			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Yuriy Duychak Name of Contact Person			
Wame of Contact Person			
Firm/ Company			
Mokomis, FL 34275 City/State and Zip Code			
Address			
Nokoms, HL 34275			
City/ State and Zip Code			
dunchar @ ushon.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Yuny Duychak a, 407, 733-8558			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status    Same Status			
Mailing AddressStreet AddressAmendment SectionAmendment Section			
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to Articles of Incorporation

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	of	ration 1 i i i i i i i i i i i i i i i i i i
Ultra S	, Inc	24 DEC 26 P 1: 32
(Name of Corp	poration as currently filed	d with the Florida Dept. of State)
0100000	82544	Ait and Stiff Co.
	Document Number of Corp	
ursuant to the provisions of section 607.1006, F Articles of Incorporation:	Florida Statutes, this <i>Florid</i>	da Profit Corporation adopts the following amendm
. If amending name, enter the new name of	the corporation:	
NIA		The ne
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	"Corp," "Inc," or "Co",	The ne- company," or "incorporated" or the abbreviatio A professional corporation name must contain th
. Enter new principal office address, if appli	icable:	N I A
Principal office address <u>MUST BE A STREET</u>		
	_	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u></u>	N/B
		,
. If amending the registered agent and/or re	egistered office address in	n Florids, enter the name of the
new registered agent and/or the new regist		
Name of New Registered Agent	NIA	+
The of the Neglisteres agent	<u> </u>	
	(Florida street add	Musee
	•	
New Registered Office Address:	N/A	Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changin	a Degistered Agent:	
nereby accept the appointment as registered ag		nd accept the obligations of the position.
•	<del>-</del>	· · · ·
	. 1	
	~/A	ered Agent, if changing
	Signature of New Registe	ered 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:	ve, and bury smith, at as an made	•		
X Change	PT John Doe			
X Remove	<u>V</u> <u>Mike Jones</u>			
X Add	SV Sally Smith			
Type of Action (Check One)	<u>Title</u> <u>Name</u>		Address	
1) Change	COO David	K02lowski	30953 Stone Arch Wesley Chapel, Fu	An
X Add			Wesley Chapel, Fl	33
Remove				
2) Change				
Add			<del></del>	
Remove				
3 ) Change	<del></del>			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	·
	•
	· <del>-</del>
<del></del>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued s provisions for implementing the amendment if not contained in the amendment itself	shares,
(if not applicable, indicate N/A)	<u>i</u>
(3,	
<u> </u>	

The date of each amendment(s) adoption:date this document was signed.	12	15	2018	, if other than the
Effective date if applicable:			-	
(no mo.	re than 90 de	ays after o	imendment file date)	)
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's re		e statutor	y filing requirement	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>NE</u> )			
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	lers. The nu	mber of v	otes east for the ame	endment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en				
"The number of votes cast for the amendment(s)				
by(voting group				
(voting group	n)			
☐ The amendment(s) was/were adopted by the board of action was not required.	directors wit	hout share	eholder action and sl	hareholder
The amendment(s) was/were adopted by the incorpora action was not required.	itors without	sharehold	der action and shareh	nolder
DatedSignature	18	_		
(By a director president or o selected, by an incorporator appointed fiduciary by that f	– if in the ha	- if directends of a r	ors or officers have i eceiver, trustee, or o	not been other court
Yuriu (Typed or	printed nam	1 Y C	chark on signing)	
Man	a Q QV (Thile of m	erson sign	ning)	