P110000090149

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SECRETARY OF STATE
ANILANASSEE, FLORIDA

APR 17 2019 T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

11

NAME OF CORPOR	ATION: DEVOLRO INC.		
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return ail corres	pondence concerning this ma	tter to the following:	
	STANISLAV SHAMAYEV		
		Name of Contact Perso	n
	SHAMAYEVLAW, P.A.		
•		Firm/ Company	
	601 S FEDERAL HWY		
•	· · · · · · · · · · · · · · · · · · ·	Address	
	HOLLYWOOD, FL 33020		
		City/ State and Zip Cod	e e
SSHA	.MAYEV@SHAMAYEVLA	W.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		3611222
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
	the following amount made		
\$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)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

DEVOLRO INC.	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P11000090149	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>
C. Enter new mailing address, if applicable:	AND AND THE REPORT OF THE PARTY
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
D. If amending the registered agent and/or registered of	Consideration Control of the Control
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ad Agant
I hereby accept the appointment as registered agent. I am	
Signature	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:

X Change	<u>PT</u> <u>Jo</u>	ohn Doe		
X Remove	<u>v</u> <u>w</u>	Mike Jones		
X Add	<u>sv</u> <u>s</u>	ally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	Р 	ORLOV, EDUARD	1557 Mariner Way	
Add			Hollywood FL 33019	
X Remove				
2) Change	Р	BOBKOV, VASILII	1001 BRICKELL BAY DR	
X Add			2700	
Remove			Miami, FL 33131	
3) Change			ASSEE	
Add				
Remove				
4) Change			20 PIDA	
Add				
Remove				
5) Change				
Add				
Remove			-	
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>cles, enter change(s) bere</u> : (Be specific)	
N/A	, or operation	
		·
		
<u> </u>		
 		
	 	
		
		
		
F. If an amendment provides for an eyel	ange, reclassification, or cancellation of issued shares,	APR AREIA AHAS
provisions for implementing the ame	ndment if not contained in the amendment itself:	SEL Y
(if not applicable, indicate N/A)		E E
N/A		1 ST ST CO
		20 20 20 20 20 20 20
		<u> </u>
		<u> </u>

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Signature (By a director preliment or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) STANISLAV SHAMAYEV (Typed or printed name of person signing)	FILED 19 APR II AM 18 20 SECRETARY OF STATE
ATTORNEY AND AGENT FOR THE CORPORATION	

(Title of person signing)