12000023970

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(Address)	
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PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 409 HALLANDAI	LE, INC.	
DOCUMENT NUMB	ER: P12000023920		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	IGOR RASCHKOVSKY		
•		Name of Contact Person	·
	409 HALLANDALE, INC.		
•		Firm/ Company	
	409 W. HALLANDALE BE.	ACH BLVD, SUITE 208	
•		Address	_
	HALLANDALE, FL 33309		
•		City/ State and Zip Code	:
	igor.raschkovsky@grafenoin	vestments.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Ana Victoria Campos		at (²⁰²	9612907
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Flor	ida Dept. of State)	
P12000023920			
(Document Number	of Corporation (if kno	wn)	- .
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corpo	pration adopts the following amend	Iment(s) t
A. If amending name, enter the new name of the corporation: N/A			
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional como	ration name must contain the w	
B. Enter new principal office address, if applicable:	N/A	7024 Tall	
(Principal office address MUST BE A STREET ADDRESS)			
		5	स्त्री स्त्री स्वरूपानी
		-: ==	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	10: L	, process
		i o	_
		<u> </u>	_
N 15			-
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	ress in Florida, enter	the name of the	
Name of New Registered Agent	<u></u>		
Traine of their Registered Agent			
(Florida str	eet address)		
New Registered Office Address:			
	(City)	, Florida(Zip Code)	-
Sew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar v	E vith and accept the ob	ligations of the position.	
Signature of New Ro	egistered Agent, if cha	nging	

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)

Example:

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,

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSTD	GRAFENO INTERNATIONAL	IFZA BUSINESS PARK
X Add		INVESTMENTS - FZCO	DUBAI SILICON OASIS
Remove			DUBAI- UNITED ARAB EMIRA
2) Change	PSTD	IGOR RASCHKOVSKY	409 W. HALLANDALE BEACH
Add			BLVD, SUITE 208
X Remove 3) Change			HALLANDALE, FL 33309
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

I/A	ional sheets, if necess	ary). (Be specific)			
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. <u>If an amendi</u>	ment provides for a	<u>n exchange, reclassit</u>	fication, or cancella	ation of issued shar	es,
provisions f	for implementing the pplicable, indicate N	e amendment if not	contained in the ar	nendment itself:	
	ррисате, такае п.	(A)			
VA					
					_
	<u>-</u>				

	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amend ufficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following so 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	."	
,	(voting group)	
05/22/202- Dated	1	
Signature	lgor Kasukowsky - GKIFENO FELO lirector, pres iden POFFER 1907 OF ficer - if directors or officers have not	
selecte	lirector, pres iden Poffer 1999 of ficer - if directors or officers have not ed, by an incorporator - if in the hands of a receiver, trustee, or othe sted fiduciary by that fiduciary)	
	IGOR RASCHKOVSKY	
	(Typed or printed name of person signing)	
	PSTD	
	(Title of person signing)	