P14000032367

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COVER LETTER

TO: Amendment Sec Division of Corp		. •			
NAME OF CORPO	PRATION: SATELITE	INC			
D4400000007					
DOCUMENT NUM	DOCUMENT NUMBER: P 14000032307				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	INNA VORONA				
		Name of Contact Person	1		
	CORONA TAX SERVICES INC				
	Firm/ Company				
	3363 NE 163RD		<u> </u>		
	NI MIAMI DEACH	Address			
	N. MIAMI BEACH				
		City/ State and Zip Code	:		
		16.6.			
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name	e of Contact Person	at (at (de & Daytime Telephone Number		
			•		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 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 Address		Street Address			
Amendment Section Division of Corporations			Amendment Section Division of Corporations		
P.(P.O. Box 6327 Clifton Building				
Ta	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
		i aliana	135CC, FL 323UI		

Articles of Amendment to Articles of Incorporation of

SATELITE INC				
(Name of Corporation as currently filed	with the Florida Dept	. of State)		
P14000032367	·			
(Document Number of Cor	poration (if known)			
Pursuant to the provisions of section 607,1006, Florida Statists Articles of Incorporation:	itutes, this <i>Florida Pro</i>	fit Corporution ado	pts the following	g amendment(s) t
A. If amending name, enter the new name of the corpo	ration:			
				The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb.	Inc." or "Co". A pre			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
			Egg ≥	
			LA LA	a estimal
			- 第5 達	- Table
D. If amending the registered agent and/or registered on new registered agent and/or the new registered officers.	office address in Flori	ida, enter the name	of the o	A em em
new registered agent and/or the new registered only	ce nduress.		>	San
Name of New Registered Agent			- 50 95 W	U
			三	
	(Florida street address)		÷	
New Registered Office Address:		Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		· · · · · · · · · · · · · · · · · · ·	of the position.	

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP_	KAPPUSHEV, MAGOMET	2751 S OCEAN DR 902 SC
✓ Add Remove			HOLLYWOOD, FL 33019
2) Change	VP	KAPPUSHEVA, KATERYNA	2751 S OCEAN DR 902 SC
Add			HOLLYWOOD, FL 33019
Remove			
3) Change			
Add Remove			
Remove			
4) Change			
Remove			
5) Change			
∧dd			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)
 	
an amendment provides for an exch	change, reclassification, or cancellation of issued shares,
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) add date this document was signed.	option:	, if other than the
-		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	,,,,,,,	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	<u> </u>	
Signature/		
(By a dir	octor, president or other officer - it directors or officers have not been	_
	by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)	
· · ·	Timur Zulfigarou	
•	(Typed or printed name of person signing)	
_	PRESIdens	
	(Title of person signing)	