(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NPCE INC.	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Yoki Yakimenko	_
Name of Contact Person NPCE IN (Firm/ Company 22.2 = 12.4 th St. M-1/10/	_
Firm/ Company 230-174th St # 1606 Address Sunny JSLES BEACH, FC 33160 City/ State and Zip Code	-
	-
E-mail address: (to be used for tuture annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	r
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Wite i		
	y filed with the Florida Dept. of State)	
	000 60027	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment	(s) to
A. If amending name, enter the new name of the corporation:		
A.		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		⊣
		SECRETA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA 8	SEE OF
	ن ن	STATE ORID
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	•	
Name of New Registered Agent Timur Z	ulfigarov Ollins are apt 615	
19390 CC	Offins ask apt 615 eet address)	
New Registered Office Address: SUNNY	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
Significan of None P	agistored 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 <math>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>John E</u>	Ooe	
X Remove	V Mike J	<u>Iones</u>	
_X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	Livingson, K, L	12-14 NW 91-AVE 11-11-100 MANORS, FL 35311
Add		V	Wilton MANORS, FL 35311
Remove			
2)Change	<u>(EO</u>	Timur Zulfigara	19390 Collins ove, apt 615 Sunny is les beach, FL 3316
Add			Sunny isles beach, FL 3316
Remove			
3) Change			SECF
Remove			CRETAFI LAHAS
			SEEL PH
4) Change			3: 46
Add Remove			
5) Change			
Add Remove			
Keniove			
б) Change			
Add			
Remove			

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n amendment provides for an exchange ovisions for implementing the amendm	<u>e, reclassifica</u> ent if not cor	<u>ition, or can</u> itained in th	<u>cellation of</u> e amendme	<u>issuea snai</u> nt itself:	es.			
(if not applicable, indicate N/A)								
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The date of each amendment(s) add	ption:	, if other than the
date this document was signed.	5/11/03-	
Effective date if applicable:	5/14/2015	<u>.</u>
	(no more than 90 days after amendment file date)	J
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach 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)	. = =
	(voting group)	15 / LE
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	CRETARY LAHASS
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	PH (
Dated	5/14(2015	STATE LORIDA 3: 46
Signature	THE STATE OF THE S	_
selec(ed,	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	Timur Zulfighrou	
	(Typed or printed name of person signing)	
_	LEO	
	(Title of person signing)	