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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: Polotsk Express				
DOCUMENT NUMBER: P 14000083525				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Katsiaryna Puzaka (Katrina Pizack) Name of Contact Person				
Polotsk Express INC				
3114 Lake Pine Way, H2				
Tarpon Springs FL 34688 City/ State and Zip Code				
Polotskexpress agmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Katrina Pizack at (267) 423 8766 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:				
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

Polotck Fxpress INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 140000835	525
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopis the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o A professional corporation name must comain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N // \
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent Serge	Pizak
3114 Lake Pir	ne Way H2 Tarpon Springs, FL3
New Registered Office Address: N/	, Florida NA (Zip Code)
	exith and accept the obligations of the position. PHOOP Registered Agent, if changing
Signature of New K	egistered rigerit, if endinging

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.

Mike Jones, V as Remove	e, and Sa	lly Smith, SV as an Add.	
Example: <u>X</u> 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>	Name	<u>Addres</u> s
1) _ X Change	_P	Serge Pizak	3114 Lake Pine Way,
Add Remove			H2, Tarpon Springs, FL 34688
2) X Change		<u> Katrina Pizack</u>	3114 Lake Pine Way, HZ, Tarpon Springs,
Remove			FL 34688
3) Change			
Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

If amending or add (Attach additional sh	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·		
<u> </u>		
_		
<u>. </u>		
<u>f an amendment p</u> provisions for imp	rovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself:	
(if not applicat	ole, indicate N/A)	
<u></u>		_
.		

The date of each amendment(s) adoption date this document was signed.	. September	14 201	8, if other than the
date tino document			
Effective date <u>if applicable</u> :	eptember 14 (no more than 90 days aft	2018 er amendment file	date)
Note: If the date inserted in this block do document's effective date on the Department	pes not meet the applicable state nt of State's records.	ntory filing requir	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number for approval.	of votes cast for th	ne amendment(s)
☐ The amendment(s) was/were approved to must be separately provided for each views.	by the shareholders through voti oting group entitled to vote sepa	ng groups. The for rately on the ame	llowing statement ndment(s):
"The number of votes east for the	amendment(s) was/were sufficient	nt for approval	
byN/A	(voting group)	"	
☐ The amendment(s) was/were adopted b action was not required.			and shareholder
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without share	cholder action and	shareholder
Dated 12 0.2	5. RZAD		
(By a director selected, by a	r, president or other officer – if d in incorporator – if in the hands uciary by that fiduciary)	irectors or officer	s have not been see, or other court
	Serge P (Typed or printed name of	zak person signing)	
	Presid (Title of perso	ent_	
	(Title of perso	n signing)	