## P15000015170

	Requestor's Name)
(i	Address)
(	Address)
(1	City/State/Zip/Phone #)
PICK-UP	
	Business Entity Name)
(0	ocument Number)
Certified Copies	Certificates of Status
Special Instructions (	o Filing Officer:
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2018 APR - 2 TH C4 +

VBB 0 3 5018

## **COVER LETTER**

TO: Amendment Section 2010 APR - 2 311 Am . \* Division of Corporations DOCUMENT NUMBER: \_\_\_\_\_\_\_ P1500001517() The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Khurshida Khamrakulova Firm/ Company 10413 Brilliant Ct, Orlando, FL 32836 City/ State and Zip Code Khyrshida 1602 a gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Khurshida Khamrakulova at 407 361-7349

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 □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address

Amendment Section Division of Corporations

Tallanassee, FL 32314

P.O. Box 6327

Street Address

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

## Articles of Amendment to Articles of Incorporation of

		1-Trans	Inc	2018 A	PR -2 AH AD +1
	( <u>Name of</u>	Corporation as currentl			)
	P15	000015170			
		(Document Number of	Corporation (if kno	wn)	
Pursuant to the provision its Articles of Incorporati		006, Florida Statutes, this	Florida Profit Corpo	oration adopts the f	ollowing amendment(s) to
A. If amending name, e	nter the new nar	ne of the corporation:			
	sance	as on file in the word corporation			The new
"Corp.," "Inc.," or <b>Q</b> o.,	," or the designa	in the word "corporation tion "Corp," "Inc," or " on," or the abbreviation "	Co". A professiona	"incorporated" or al corporation name	the abbreviation must contain the
B. Enter new principal	office address, if	applicable:	10413	Brilliant	: Ct
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		Orland	Brilliant  o FL 3.	2836	
C. Enter new mailing a (Mailing address MA)			10413 Oxland	Brillianz o FL 328	<u>ct</u> 36
D. If amending the regi	stered agent and	or registered office addr	ess in Florida, ente	r the name of the	
		registered office address	_		
Name of New Re	egistered Agent	same a	son file		
	_	5ance a 10413 Bri (Florida str	Pliant Ct	•	
		(Florida stre	eet address)		
New Registered	Office Address:	Orlando		, Florida	32836
			(City)		(Zip Code)
New Registered Agen 's	Signature, if ch	anging Registered Agent:			
I hereby accept the appoi	intment as register	ed agent. I am familiar w	with and accept the o	bligations of the po	sition.
		Jaref			
	<del></del>	Signature of New R	egistered Agent, if c	hanging	

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>Joh</u>	n Doe			
X Remove	<u>V</u> <u>Mil</u>	ke Jones	none	2	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change				<del></del>	
Add					
Remove					
2) Change					
Add					
Remove					
3 ) Change	<u></u>				
Add					-
Remove					
4) Change	<u></u>				
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		<del>.</del> .			
Add					
Remove					

E. If amending or a	dding additional Articles, enter change(s) here: l. heets, if necessary). (Be specific)
n/a	
_	
<del></del>	
	<del></del>
F. If an amendmen	t provides for an exchange, reclassification, or cancellation of issued shares,
provisions for i	melementing the amendment if not contained in the amendment itself:  cable, indicate N/A)
(y noi uppii	n   G
	1119
	<u> </u>

The date of each amendment(s) adoption:	03/29/18	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del> </del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	ot meet the applicable statutory filing requirements, State's records.	, this date will not be listed as
Adoption of Amendment(s) ( <u>CHE</u>	ECK ONE)	
The amendment(s) was/were adopted by the si by the shareholders was/were sufficient for ap	chareholders. The number of votes cast for the amen pproval.	ndment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by	ing group)	
(voti)	ng group)	
The amendment(s) was/were adopted by the b action was not required.	poard of directors without shareholder action and sha	areholder
The amendment(s) was/were adopted by the ir action was not required.	ncorporators without shareholder action and shareho	older
Dated 03/29/18 , Signature 7		
	dent or other officer – if directors or officers have no reporator – if in the hands of a receiver, trustee, or oth by that fiduciary)	
1	ILKHOM GAFUROV	
	Typed or printed name of person signing)	
	president (Title of person signing)	
	/ (Title of person signing)	<del></del>

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