

F150000 43053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

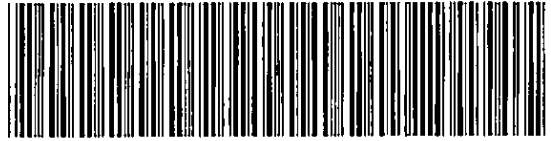
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400407794604

05 JUL 2005 10:10 AM

RECEIVED
JUL 14 2005 PM 7:33
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
R. HUNT
05/05/23

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Promovers, Inc

DOCUMENT NUMBER: P15000043053

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Konstantin Shapovalov

Name of Contact Person

Promovers, Inc

Firm/ Company

6915 NW 82 ave

Address

Miami, FL 33166

City/ State and Zip Code

cs@promoversmiami.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Konstantin Shapovalov at (818) 4450705
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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Promovers, Inc

P15000043053

Pro Movers Miami, Inc

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

1)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
4)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
5)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
6)	<input type="text"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)

02/23/2023
Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Konstantin Shapovalov

(Typed or printed name of person signing)

Director

(Title of person signing)