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(Requestor's Name) (Address) (Address)	700278225797
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FTLED 15 NOV - 2 AM 8: 14 Avail 1996 - 2004 - 2004 Avail 1996 - 2004 Av
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### COVER LETTER

TO: Amendment Section Division of Corporations

## NAME OF CORPORATION: \_\_\_\_

DOCUMENT NUMBER: P15000088095

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

Please return all correspondence concerning this matter to the following:

VITALIY RUDSKIY

Name of Contact Person

GERMANIKURE INC

Firm/ Company

50 Leanni Way STE D6

Address

PALM COAST, FL 32137

City/ State and Zip Code

info@agstax.com

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

For further information concerning this matter, please call:

ELENA KALDOVA

Name of Contact Person

at (\_\_\_\_\_\_) 977-3010 A rea Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 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 Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

#### Articles of Amendment to Articles of Incorporation of

GERMANICURE INC

## (Name of Corporation as currently filed with the Florida Dept. of State)

P15000088095

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(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

#### A. If amending name, enter the new name of the corporation:

GERMANIKURE INC		The	e nev	N
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional Association	in the word "corporation," "company," or "incorporated" or non "Corp," "Inc," or "Co". A professional corporation name on." or the abbreviation "P.A."	the abbre	viatio	n
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>				
C. Enter neuroniling address if applie				
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O			<u> </u>	
		÷		
		3	NO	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		ŝ.	-2 5	TT TT C C
Name of New Registered Agent		×	AM 8	ت
		* ·		
-	(Florida street address)	<u> </u>	4.	
New Registered Office Address.	, Florida,			
	(City)	(Zip Code	)	

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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)

.........

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Example:

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.

X Change <u>PT</u> John Doe X Remove Ϋ́ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 2) \_\_\_\_ Change \_\_Add Remove 3) \_\_\_\_ Change Add Remove ..... 4) \_\_\_\_ Change \_\_\_ Add \_ Remove 5) \_\_\_\_ Change Add \_\_ Remove 6) \_\_\_\_ Change Add Remove

n amendment provides for an exchange, reclassification, or cancellation of issued shares, wisions for implementing the amendment if not contained in the amendment itself: ((if not applicable, indicate N/A)	f amending or adding additional Articles, enter change(s) here:		
wisions for implementing the amendment if not contained in the amendment itself:	additional sheets, if necessary). (	(Be specific)	
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	not applicable, indicate N/A)		
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Page 3 of 4

date this docur	ch amendment(s) adoption:, if other the signed.	her than th
• •	· · · ,	
Effective date	(no more than 90 days after amendment file date)	
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be factive date on the Department of State's records.	isted as th
Adoption of A	mendment(s) ( <u>CHECK ONE</u> )	
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) sholders was/were sufficient for approval.	
	nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):	
<sup></sup> Гhe	number of votes cast for the amendment(s) was/were sufficient for approval	
by _	(voting group)	
	(voting group)	
	iot required. nent(s) was/were adopted by the incorporators without shareholder action and shareholder iot required.	
action was		
action was	Dated OCTOBER 26 2015	
action was	DatedSignature	
action was	Dated	
action was	Dated	
action was	Signature (By a director, president or other officer – Af 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)	
action was	Dated	
action was	Dated	

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