P1600013209

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIA RENT ME I	INC
DOCUMENT NUMBER: P16000013209	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
GLEB IGOLKIN	
	Name of Contact Person
MIA RENT ME INC	
-	Firm/ Company
5445 COLLINS AVE APT	B18
	Address
MIAMI BEACH, FL 33140	1
	City/ State and Zip Code
boss@luxurybroker.ru	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, plea	ase call:
GLEB IGOLKIN	at (305) 492-0980 Area Code & Daytime Telephone Number
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:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

MIA RENT ME INC	
(Name of Corpo	oration as currently filed with the Florida Dept. of State)
P16000013209	
(I)	ocument Number of Corporation (if known)
	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of t	he corporation:
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "tword "chartered," "professional association," of	The new word "corporation," "company," or "incorporated" or the abbreviation Corp." "Inc," or "Co". A professional corporation name must contain the rithe abbreviation "P.A."
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>
D. If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address in Florida, enter the name of the ered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) Florida (Zip Cede)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	
	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)

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: XChange	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	VP	ALEKSEI D. KULVINSKII	1560 Meridian Ave Apt 109
x Add			Miami beach, FL 33139
Remove			•
2) Change			
Add			
Remove			
3) Change			38.
Add			
Remove			65. 65 T
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articl Attach <i>additional sheets, if necessary).</i>	(Be specific)	
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f an amendment provides for an excha-	nge, reclassification, or cancellation of issued shares,	5
provisions for implementing the ameno (if not applicable, indicate N/A)	lment if not contained in the amendment itself:	
(y not appricable, malcale NM)		094
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The date of each amendment date this document was signed		, if other	than the
_	07/26/2019		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
	this block does not meet the applicable statutory filing requirements, this date wil he Department of State's records.	l not be liste	d as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.		
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):		
"The number of votes	s cast for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voling group)	19	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	9 AUG	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	-8 A	· · · · · · · · · · · · · · · · · · ·
07/26 Dated	2019	5 - 5	J
Signatur		ບ້າ 	
21	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)		
	GLEB IGOLKIN		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		