P16000020665

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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: 222 Shades Corp.					
DOCUMENT NUMBER: P16000020615					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Patricia Barkovic Name of Contact Person					
ATP C.					
373 Poinciana DR.					
SUNNY Isles, FL 33160 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Patricia Barkovic at (305) 244-7610 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:					
X					
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					
Division of Corporations P.O. Box 6327 Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	<u>.</u> / >
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," oword "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	nddress in Florida, enter the name of the ress:
Name of New Registered Agent	
New Registered Office Address:	u sinferladdress)
New Registered Agent's Signature, if changing Registered Ag Ukreby accept the appointment as registered agent. I am famil	<u>tent:</u> iar with and accept the obligations of the position.
Signature of No	ew 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.

X Change	PT	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PT	2, ULFI YA	
Add		PAKSHIM	1BeTOVA
Remove			
2) Change	pī		
Add		YAKSHIMB	SET ON A
Remove			
3)Change	,,,	Annual Control of the	
Add			
Remove			
4)Change	_		
Add			
Remove			
5) Change	gangan tahud va madanimin	orbeits	
Add			-
Remove			Approximate the state of the st
6) Change			
Add			
Remove			washindows solded to the Ball of the Space of the Language and the Space of the Spa

. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
′ ∨ / /)
If an amendment provides for an exchange, reclassification, or cancellation of issued shares.
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
/ /

The date of each amendment(s) adoption: 4/5//6	if other than the
date this document was signed.	
Effective date if applicable: 4/5/6 tho more than 90 days after amendment file date)	
ido more illan 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 unendment(s):	1
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was-were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/5/16	
Signature (By a director president of 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)	
Zulfiya Pakshimbetova (Typed or printed name of person signing)	
President	
(Title of person signing)	