## P16000029703

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ALFA TRUST INC			
DOCUMENT NUMBE				
The enclosed Articles of	**FAmendment and fee are sub	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:	•	
Ą	YKOV, ALEXANDER			
_	<del></del>	Name of Contact Person	<u> </u>	
A	ALFA TRUST INC			
<del></del>		Firm/ Company		
2	2021 SW 14TH TER			
_	Address			
F	FORT LAUDERDALE, FL 33315			
_		City/ State and Zip Code		
alexryk	ov77@yahoo.com			
<del></del>	E-mail address: (to be us	ed for future annual report	notification)	
	concerning this matter, please		2125(12	
Alexander Rykov		at (	) 3325632 de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 lassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as current	ly filed with the Florida Dept. of State)	
216000029703	2 COLPOINTON CO COLLEGE	,	
	(Document Number of	of Corporation (if known)	<del>-</del>
Pursuant to the provisions of section 607.	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	; amendmen
A. If amending name, enter the new na	me of the corporation:		
			The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the ab "Co". A professional corporation name mustic "P.A."	breviation ontain He
3. Enter new principal office address, if applicable:		2021 SW 14TH TER	過い
Principal office address <u>MUST BE A S</u>		FORT LAUDERDALE, FL 33315	922 °
			12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 SW 14TH TER	35
		FORT LAUDERDALE, FL 33315	
			<del></del>
<ol> <li>If amending the registered agent an new registered agent and/or the nev</li> </ol>			
Name of New Registered Agent	Alexander Rykov		
	2021 SW 14TH TER		
	(Florida si	reet address)	
New Registered Office Address:	FORT LAUDERDALE	, Florida	
New Registered Office Address:			

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	<u>PT</u>	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
1) X Change	P	Alexander Rykov	2021 SW 14TH TER
Add			FORT LAUDERDALE, FL 33315
Remove			
2) Change	P	ALIAKSANDR DAMARATSKI	723 SW 6th Street Unit 5
Add			Hallandale Bch, Fl 33009
X Remove			
3) Change			
Add			
Remove		·	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
`	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
V/A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) add	option:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	, 21	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	pted by the incorporators without shareholder action and shareholder	
10/25/2016 Dated	How	
(By a di	rector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Alexander Rykov	
-	(Typed or printed name of person signing)	
	VP	
-	(Title of person signing)	