P/600037328

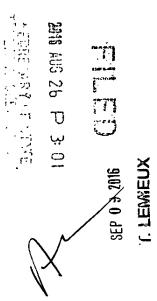
(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TAXIMETA II	NC	
DOCUMENT NUMBER: P16000037328		
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
SERGEY SLASTIKHIN		
	Name of Contact Person	n
	Firm/ Company	
17070 COLLINAS AVE.	, ST 260	
SUNNY ISLES BEACH.	Address , FL 33160	
	City/ State and Zip Cod	e
SALATSV@GMAIL.COM		
E-mail address: (to b	e used for future annual report	notification)
For further information concerning this matter, p	olease call:	
SERGEY SLASTIKHIN	aı (<u>786</u>	_) 202-7766
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	artment of State:
■ \$35 Filing Fee		☐\$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	Amenc Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TAXIMETA INC		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P16000037328		
(Document Number of Corporation (if known	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corp</i> its Articles of Incorporation:	poration adopts the f	ollowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "company," on "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession word "chartered," "professional association," or the abbreviation "P.A."	r "incorporated" or nal corporation name	r the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered office address in Florida, ent new registered agent and/or the new registered office address:	er the name of the	
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address: (City)	, Florida_	(Zip Code)
15-17/		(-4
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with and accept the	obligations of the po	osition.
	4	
	2 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	<u> </u>
Signature of New Registered Agent, if	changing	
	7.5 7.5 7.5	CO marini
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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: X Change	<u>PT</u>	John Doe	
X Remove	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	M	ES IT EVOLUTION INC	17070 COLLINS AVE, STE 260
Add X Remove			SUNNY ISLES BEACH, FL 33160
2) Change	M	TM PROJECT INC	17500 N BAY RD #404
Add X			SUNNY ISLES BEACH, FL 33160
Remove 3)Change	P	SERGEY SLASTIKHIN	17070 COLLINS AVE, STE 260
X Add			SUNNY ISLES BEACH, FL 33160
4) Change	0	SERGEY SLASTIKHIN	17070 COLLINS AVE, STE 260
Add X Remove			SUNY ISLES BEACH, FL 33160
5) Change			
Add Remove			
6) Change			
Add			
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary).	(Be specific)	
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	·	
		.
		"
		<u>.</u>
If an amendment provides for an exc	hange, reclassification, or cancellation of issued share	es,
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
,		
		,

The date of each amendmen		, if other than the
date this document was signed	l. - 08/22/2016	
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 he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendme ere sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(roung group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareho	older
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
08/22 Dated	/2016 ————————————————————————————————————	
Signature		
(£	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other c ppointed fiduciary by that fiduciary)	
	SERGEY SLASTIKHIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	