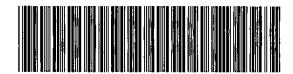
## 6000037357

| (Req                      | juestor's Name)     |             |
|---------------------------|---------------------|-------------|
| (Add                      | lress)              | <u></u>     |
| (Add                      | lress)              |             |
| (City                     | /State/Zip/Phon     | e #)        |
| PICK-UP                   | ☐ WAIT              | MAIL        |
| (Bus                      | iness Entity Na     | me)         |
| (Doc                      | :<br>cument Number) | ,           |
| Certified Copies          | Certificate         | s of Status |
| Special Instructions to F | Filing Officer:     |             |
|                           |                     |             |
|                           |                     |             |
|                           |                     |             |

Office Use Only



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10/03/16--01022--002 \*\*35.00

OCT 0 6 2015 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                                     | RATION: LIKEITBEST INC                      |  | <u>-</u>   |  |
|--|---|--|--|--|
| DOCUMENT NUME                                      |   |  | <del></del>  |  |
| The enclosed Articles                              | of Amendment and fee are su                 | bmitted for filing.  |  |  |
| Please return all corres                           | spondence concerning this ma                | tter to the following:   |  |  |
|  | SERGEY SLASTIKHIN                           |  |  |  |
|  |   | Name of Contact Person   | 1  |  |
|  |   | Firm/ Company  |  |  |
|  | 17070 COLLINS AVE STE                       | 260  |  |  |
|  | Address                                     |  |  |  |
|  | SUNNY ISLES BEACH, FL                       | 33160  |  |  |
|  |   | City/ State and Zip Code   | <del></del>  |  |
| SALA   | ATSV@GMAIL.COM                              |  |  |  |
|  | E-mail address: (to be us                   | ed for future annual report  | notification)  |  |
| For further information                            | n concerning this matter, pleas             | e call:  |  |  |
| SERGEY SLASTIKH                                    | IIN   | 786<br>at (  | 202-7766<br>de & Daytime Telephone Number  |  |
| Name of Contact Person                             |   | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check fo                             | r 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) |  |
|  | iling Address                               |  | Address  |  |
|  | endment Section                             |  | ment Section   |  |
| Division of Corporations<br>P.O. Box 6327          |   |  | Division of Corporations Clifton Building  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle |   |  |  |  |
|  |   | Tallaha  | ssee, FL 32301   |  |

## Articles of Amendment to Articles of Incorporation of

|  |                                     | rida Dept. of State)              |                    |
|--|-------------------------------------|-----------------------------------|--------------------|
| 216000037357   |                                     |                                   |                    |
| (Docume  | ent Number of Corporation (if kno   | wn)                               |                    |
| tursuant to the provisions of section 607.1006, Florida is Articles of Incorporation:  | Statutes, this Florida Profit Corpo | oration adopts the following amen | idment(s) t        |
| . If amending name, enter the new name of the cor  | rporation:                          |                                   |                    |
|  |                                     | The                               | now)               |
| ame must be distinguishable and contain the word<br>"Corp.," "Inc.," or Co.," or the designation "Corp,"<br>word "chartered," "professional association," or the a | " "Inc," or "Co". A professiona     | "incorporated" or the abbrevia    | ation              |
| 3. Enter new principal office address, if applicable:<br>Principal office address MUST BE A STREET ADD   | RESS )                              |                                   |                    |
|  |                                     |                                   |                    |
|  |                                     |                                   |                    |
| C. Enter new mailing address, if applicable:   |                                     |                                   |                    |
| (Mailing address MAY BE A POST OFFICE BOX  | <u> </u>                            |                                   |                    |
|  |                                     |                                   | , *** , !<br>•44.2 |
|  |                                     |                                   | — ೨೮<br>ಇಕ್        |
|  |                                     |                                   | _==                |
| <ol> <li>If amending the registered agent and/or registered<br/>new registered agent and/or the new registered of</li> </ol>                                       | ed office address in Florida, ente  | r the name of the                 | *                  |
|  | rice address.                       |                                   |                    |
| Name of New Registered Agent   |                                     |                                   |                    |
|  | <u> </u>                            |                                   |                    |
|  | (C1                                 |                                   |                    |
| <del></del>  | (Florida street address)            |                                   |                    |
| New Registered Office Address:   | (Florida street address) (City)     | , Florida(Zip Code)               |                    |

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<br>(Check One) | Title                                  | Name                       | Address                    |
| 1) Change                     | M                                      | ES RELIABLE INVESTMENT INC | 17070 COLLINS AVE STE 260  |
| Add                           |  |                            | SUNNY ISLES BCH, FL 33160  |
| X Remove                      |  |                            | <del></del> .              |
| 2) Change                     | M                                      | TM PROJECT INC             | 18500 N BAY ROAD, # 404    |
| Add                           |  |                            | SUNNY ISLES BCH, FL 33160  |
| X Remove                      |  |                            |                            |
| 3) X Change                   | P                                      | SERGEY SLASTIKHIN          | 17070 COLLINS AVE, STE 260 |
| Add                           |  |                            |                            |
| Remove                        |  |                            |                            |
| 4) Change                     | ************************************** |                            |                            |
| Add                           |  |                            | <del></del>                |
| Remove                        |  |                            |                            |
| 5) Change                     |  |                            |                            |
| Add                           |  |                            |                            |
| Remove                        |  |                            |                            |
| 6) Change                     |  |                            |                            |
| Add                           |  |                            |                            |
| Remove                        |  |                            |                            |

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |   |   |
|--|---|---|
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| <del></del>  |   |   |
| provisio   | adment provides for an exchange, reclassification, or cancellation of issued shares, sor implementing the amendment if not contained in the amendment itself: applicable, indicate N/A) |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |

|  | 30 SEPTEMBER 2016  |                         |
|--|--|-------------------------|
| The date of each amendment(s                                       | ) adoption:  | if other than th        |
| date this document was signed.                                     |  |                         |
| Effective date if applicable:                                      |  |                         |
|  | (no more than 90 days after amendment file date)   |                         |
| Note: If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing requirements, this date w Department of State's records.                                    | ill not be listed as th |
| Adoption of Amendment(s)   | (CHECK ONE)  |                         |
| ☐ The amendment(s) was/were by the shareholders was/were           | adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.  |                         |
|  | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |                         |
| "The number of votes of  | ast for the amendment(s) was/were sufficient for approval  |                         |
| by   | (voting group)   |                         |
| •  | (voting group)   |                         |
| action was not required.   | adopted by the board of directors without shareholder action and shareholder   |                         |
| The amendment(s) was/were action was not required.                 | adopted by the incorporators without shareholder action and shareholder  |                         |
| 09/30/2  | 016  |                         |
| Dated  |  |                         |
| <b>6</b> 1   | 344  |                         |
| Signature(By   | ofrector, president or other officer – if directors or officers have not been  | <del></del>             |
|  | cted, by an incorporator – if in the hands of a receiver, trustee, or other court  |                         |
|  | ointed fiduciary by that fiduciary)  |                         |
|  | SERGEY SLASTIKHIN  |                         |
|  | (Typed or printed name of person signing)  |                         |
|  | PRESIDENT  |                         |
|  | (Title of person signing)  |                         |