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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	armat, me			
DOCUMENT NUM	D.1	6000053469			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corn	espondence concerning this ma	tter to the following:			
		rfalya Brin			
	Name of Contact Person				
	Sarmat, Inc				
		Firm/ Company			
	AIC NE	191 St, #41	26		
		Address			
	Pile	ami, Tl ,33	179		
	City/ State and Zip Code				
	Cari	natine @ aa	1 ccm		
	3 , ,	sed for future annual repor			
For further information	on concerning this matter, pleas	se call:			
Natalija	Byrriakina	ai(_7£6_	ode & Daytime Telephone Number		
Name	of Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment 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)		
Mailing Address Amendment Section			Address		
			discit Section		
	ision of Corporations D. Box 6327		on of Corporations n Building		
	lahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, Fl. 32301

Articles of Amendment

to

Articles of Incorporation

of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)			
P 160000	<i>53469</i>			
	of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
n/a	The new			
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	n/a			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1710 NE 191 St, \$406			
	1710 NE 191 St, 4406 Mianu, Fl, 33179			
	——————————————————————————————————————			
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the			
Name of New Registered Agent 11/0	—————————————————————————————————————			
(Florida)	street address)			
,	Cont. 2:			
New Registered Office Address:	City) Florida Code)			
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familian				
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: X Change		n Doc	
X Remove	<u>∨</u> <u>Mik</u>	c Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>('CD</u>	Zhyrov, Roman	1780 NE 101 St
Add Remove			#201 Mami, FL 33179
2) Change	<u>D</u>	Anna-Maria, Verice	160 1780 NE 19151
AddRemove			#212, Miomi, Fl, 23179
3) Change	0	Oliksandr, Tomak	200 172 nd SI,
Add Remove			#216, Sunny Isles Boh, Fl, 33/60
4)Change			
Add			
5) Change Add			
Remove			
6) Change Add			
Add			

(Attac	ending or adding additional Article h additional sheets, if necessary). (Be specific)	<u>:r.</u> .		
nIC	}				
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	-				·
				 .	
			7.44.		
	<u>. </u>				
<u>lf an</u>	amendment provides for an exchan	ge, reclassification, o	or cancellation of iss	sued shares,	
prov	isions for implementing the amend if not applicable, indicate N/A)	ment if not contained	<u> I in the amendment</u>	itself:	
nla					
,					
		_			
			•		 -
			-		
			 -		,,
					**

The date of each amendment(s) adoption date this document was signed.	on:	, if other than
_	DAIDAI2CIR	
Effective date <u>if applicable</u> :	D8/09/2013 (no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block of document's effective date on the Department.	does not meet the applicable statutory filing requirent of State's records.	irements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted to by the shareholders was/were sufficient	by the shareholders. The number of votes cast for nt for approval.	the amendment(s)
	d by the shareholders through voting groups. The for voting group entitled to vote separately on the amo	
"The number of votes east for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder actio	n and shareholder
	by the incorporators without shareholder action and	d shareholder
Dated	9/2018	
Signature	(0)	
selected, by a	or, president or other officer – if directors or officer an incorporator – if in the hands of a receiver, trust duciary by that fiduciary)	
	Sersing Printed name of person signing)	
	President	
	(Title of person signing)	

the

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