P16 0000 79112

| (Reque | estor's Name) | |
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| (Addre | ess) | |
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| (City/S | tate/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Busin | ess Entity Na | me) |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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MENTE HAS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | : MOVATIK | COFP | | |
|---------------------------------------|--|--|--|--|
| DOCUMENT NUMBER: | P-160000 20 | 7 112 | | |
| The enclosed Articles of Amer | ndment and fee are su | bmitted for filing. | | |
| Please return all correspondence | re concerning this ma | tter to the following: | | |
| | | | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Contact Person | n | |
| | MOVATIK | CORP | | |
| | | Firm/ Company | | |
| | 37 79 N | IN SZNO AVE | <u>.</u> | |
| | ^ - | Address | | |
| | VOK A-C | FL 3312 | | |
| | | City/ State and Zip Cod | | |
| | ALES @ M | OVATIK, COM | 1 | |
| E-1 | nail address: (to be us | sed for future annual report | notification) | |
| For further information concer | ning this matter, pleas | se call: | | |
| TEDERICES | | at (646 | de & Daytime Telephone Number | |
| Name of Conta | et Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for the following | owing amount made | payable to the Florida Depa | artment of State: | |
| S35 Filing Fee S | 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 | | | Address | |
| Amendment Division of C | | Amendment Section Division of Corporations | | |
| P.O. Box 63 | | | Building | |
| Tallahassee, | FL 32314 | | xecutive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of CARP MAJATIK

| PIOVATIA COM | | | |
|---|--------------------------|---------------------------------------|---------------------|
| (Name of Corpo | ration as currently f | iled with the Florida Dept. of State | o Cii Co |
| P 160000 | 79 112 | | ين سواسية كالف |
| (Do | ocument Number of C | orporation (if known) | 2019 HAY 20 P |
| D | anida Comunica dei El | | |
| Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation: | orion Statutes, tins P16 | • | |
| in the less of mean payment. | | <i>ئ</i> ر. | relahagulé, sé |
| A. If amending name, enter the new name of th | e corporation: | | |
| | | | The new |
| name must be distinguishable and contain the | word "corporation," | "company," or "incorporated" o | |
| "Corp.," "Inc.," or Co.," or the designation "C | orp," "Inc," or "Co | ". A professional corporation nan | ne must contain the |
| word "chartered," "professional association," or | the abbreviation "P,: | 4. ¹¹ | |
| B. Enter any principal office address if applica | ablar | | |
| B. Enter new principal office address, if applies (Principal office address <u>MUST BE A STREET</u>) | | | |
| <u> </u> | <u></u> , | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX</u>) | | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| D. If amending the registered agent and/or reg new registered agent and/or the new registe | | s in Florida, enter the name of the | |
| new registered agent and/or the new registe | red office address: | | |
| Name of New Registered Agent | | | |
| | | | |
| | (Florida street | addressi | |
| | (* / / | | |
| New Registered Office Address: | | , Florida | |
| | (C) | ity) | (Zip Code) |
| | | | |
| | | | |
| New Registered Agent's Signature, if changing | | | •• |
| I hereby accept the appointment as registered age | nt Lam familiar wil | h and accept the obligations of the p | osition. |
| | | | |
| | | | |
| | <u> </u> | | |
| | Signature of New Reg | istered Agent, if changing | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Cheef Financial Officer. If an officer/director holds more than one title, list the first letter of each a held. President, Treasurer, Director would be <math>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. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | <u>John De</u> | <u>oc</u> | | |
|----------------------------|--------------|----------------|-------------|--------------|-----------------|
| X Remove | <u>V</u> | Mike Jo | <u>ones</u> | | |
| X Add | <u>sv</u> | Sally Si | mith | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | <u>Addres</u> s |
| 1) Change | 7 | | FEDERIU | D'AMBROSID | 3579 NW 82NO |
| Add | | | | | AVE PURAL FC |
| _X_ Remove | | | | | 33122 |
| 2) Change | 3 | | PETER | GALAN | 3579 NW 82nd |
| Add | | | | | Ave. Domi, FL |
| Remove | | | | | 33122 |
| 3) Change | <u></u> | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | . | |
| Add | | | | | |
| Remove | | | | | |

| (Attach <i>addi</i> | g or adding additiona itional sheets, if necess | uv). (Be specifi | ìc) | | | |
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| If an amen | dment provides for ar | evchange, recla | ssification, or c | ancellation of i | sued shares, | |
| provisions | s for implementing the | amendment if n | <u>ot contained in</u> | the amendmen | t itself: | |
| (ц пог | applicable, indicate N | (A) | | | | |
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| The date of each amendment(s) adoption:, if date this document was signed. | other tha |
|--|-------------|
| | |
| Effective date if applicable: | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. | be listed a |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| ☐ 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. | |
| Signature (By a director, president or 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) | |
| PRESIDENT | |
| (Typed or printed name of person signing) | |
| PETER GALAN | |
| (Title of person signing) | |