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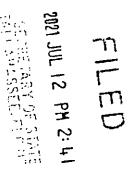
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	BLACK SEA	VENTERPRISES, INC.	
DOCUMENT NUMBER:	P160000	081967	
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.	
Please return all correspondence c	oncerning this ma	tter to the following:	
	1	NNA ZAKORCHENNA	
	- 	Name of Contact Person	1
	ВІ	ACK SEA ENTERPRISE	S. INC.
		Firm Company	
		3945 CATTLEMEN RE)
		Address	,
		SARASOTA, FL 34233	
		City State and Zip Cod	3
		blacksea41a@gmail.com	
E-mail	address; (to be us	ed for future annual report	notification)
For further information concerning			
INNA ZAKO		at () 249-2056 de & Daytime Velephone Number
Name of Contact P	erson	Area Co	de & Daytime Felephone Number
Enclosed is a check for the following	ng amount made j	payable to the Florida Depa	artment of State:
	75 Filing Fee & ficate of Status	☐843.75 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 Division of Corporations		Amend Divisio	Address ment Section of Corporations
P.O. Box 6327 Tallahassee, FL	32314		entre of Tallahassee K. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BLACK SEA ENTERPRISES, INC.

			OOL 12 PM 2:
(Name of Co	rporation as currently filed	with the Florida De	pt. of State)
	P16000081967		- FATTANIANY OF THE
	(Document Number of Corpo	marian (iditanama)	
	(Document Number of Corp.	Tation (II Known)	
rsuant to the provisions of section 607,1006 Articles of Incorporation:	, Florida Statutes, this <i>Florida</i>	a Profit Corporation :	adopts the following amendment(s
If amending name, enter the new name	of the corporation:		
			The new
me must be distinguishable and contain the v nc.," or Co.," or the designation "Corp. chartered," "professional association," or the	" "Inc." or "Co". A profe		" or the abbreviation "Carp.,"
Enter new principal office address, if ap	nlicable		
rincipal office address MUST BE A STRE		,	
. ,			
Enter new mailing address, if applicable	<u>e:</u>		
(Mailing address MAY BE A POST OFF	ICE BOX)	<u> </u>	
	 -		
. If amending the registered agent and/or		Florida, enter the na	ame of the
new registered agent and/or the new reg	istered office address:		
Name of New Registered Agent			
		· · · · · · · · · · · · · · · · · · ·	
	(Florida street add)	"C\\\)	
New Registered Office Address:			
	(Ci _l y)		(Zip Code)
		•	
w Registered Agent's Signature, if chang	ing Registered Agent:		
ereby accept the appointment as registered	agent. Lam familiar with an	d accept the obligatio	ns of the position.
	Signature of New Register	ed Acent. if chancing	
	- Same - Stranger College	en e de a come de la c	
heck if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Do	<u>) c</u>			
X Remove	\underline{V}	Mike Jo	nes			
X Add	<u>SV</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
11 Change	VP. S	_	ZAKORCHENNYI, DAVYD	l 	3945 CATTLEMEN RD	
Add					SARASOTA, FL 34233	
X Remove						
2) Change		_				-
Add				·		_
Remove 3) Change		_				_
Add					:	_
Remove						
4) Change		_			<u> </u>	_
Add						_
Remove						-
5) Change		_				_
Add						_
Remove						
6) Change		_				
Add						
Remove						

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If an amendment provides for an exchange, reclassifica	ition, or cancellation of issued shares,
provisions for implementing the amendment if not cor	ntion, or cancellation of issued shares, intained in the amendment itself:
If an amendment provides for an exchange, reclassifies provisions for implementing the amendment if not con (if not applicable, indicate N/A)	ntion, or cancellation of issued shares, intained in the amendment itself:
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provisions for implementing the amendment if not cor	ation, or cancellation of issued shares, intained in the amendment itself:

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	JULY 07, 2021		
The date of each amendment(s) at date this document was signed.	loption:		, if other than the
-	Y 07.2021		
Effective date if applicable:	(no more than 90 days af	Some and the second file of the second	
	(no more than 90 days af	ter amenament _, fue aate)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable stat partment of State's records.	utory filing requirements, this date v	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of	directors without shareholder action :	and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number flicient for approval.	of votes cast for the amendment(s)	
	roved by the shareholders through voti each voting group entitled to vote sepa		
"The number of votes east	for the amendment(s) was were suffici	ent for approval	
by		,;" •	
	(voting group)	•	
JULY 07, Dated	2021		
Signature	_3.vij		
selected	rector president or other officer – if di l, by an incorporator – if in the hands o ed fiduciary by that fiduciary)		
	INNA ZAKORCI	IENNA	
	(Typed or printed name of)	person signing)	
	PRESIDENT	Γ	
	(Title of person signing)		