P16000096075

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COVER LETTER

TO: Amendment Section Division of Corporations

DIVISION OF COL	poracions			
NAME OF CORPO	ORATION: COOL TRANS, C	ORP.		.62
DOCUMENT NUM	P16000096075			当
The enclosed Article	es of Amendment and fee are su	abmitted for filing.		0 1
Please return all corr	respondence concerning this ma	atter to the following:		5
	NINA BJELOVIC			THIN HON -8 LAND
		Name of Contact Perso	n	41
	COOL TRANS, COPR			
		Firm/ Company		
	2950 NE 188TH ST, APT 14	13		
		Address		
	AVENTURA, FL 33180			
		City/ State and Zip Cod	e e	
NIN	:A.MIKALACKI@GMAIL.CC	DM		
	_	sed for future annual report	notification)	
		·		
For further informati	on concerning this matter, pleas	se call:		
NINA BJELOVIC		786 at (202-9001	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment 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)	
Ar Di P.0	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301	

Articles of Amendment 10

Articles of Incorporation \mathbf{of}

COOL TRANS, CORP			5
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	Ø
P16000096075			77
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, thi	s Florida Profit Corporation adopts the follow	ing amendmer
A. If amending name, enter the new n	ame of the corporation:		
			The _new
	iation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mus "P.A."	
B. Enter new principal office address,	if applicable:	2950 NE 188TH ST, APT 143	
(Principal office address MUST BE A.S.		AVENTURA, FL	
		33180	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2950 NE 188TH ST, APT 143	
		AVENTURA, FL	
		33180	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	NINA BJELOVIC	_	
in the state of th	2950 NE 188TH ST, AP	T 143	_
	(Florida s	treet address)	_
New Registered Office Address:	AVENTURA	, Florida 33180	
in a neglativa office markas.		· 	n Code)
New Registered Agent's Signature, if c	hanging Registered Ager	M:	
		with and accept the obligations of the position	
11			
J)	na Rjelovic	Registered Agent, if changing	
	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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	<u>ke Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	X	SERGEY BELYAYEV	2060 NW 29TH ST
Add			OAKLAND PARK, FL
X Remove			33311
2) Change	× 7	NINA BJELOVIC	2950 NE 188TH ST, APT 143
X Add			AVENTURA, FL
Remove			33180
3)Change			·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u></u>	
Add			
Remove			

• •	icles, enter change(s) here (Be specific)		
			
	_	-	
			
			
		·	
f an amendment provides for an excl	hange, reclassification, or	cancellation of issued sha	ires.
The letter than the province in the case	endment if not contained i	n the amendment itself:	<u> </u>
provisions for implementing the amo			
provisions for implementing the amo (if not applicable, indicate N/A)			
provisions for implementing the amo			
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provisions for implementing the amo			

	11/03/2017 (s) adoption:	, if other than the
The date of each amendment date this document was signed	··/	, if other than the
Effective date if applicable:	11/03/2017	
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 date ne Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	,
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
11/03/ Dated Signature	12017 July 1	
(B	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	SERGEY BELYAYEV	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	