PITODOOD LACET

(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
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JUN 11 2020

COVER LETTER

Division of Corporations Bolotina, CO NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bolotica CO
Firm/ Company Bunnell Fl 32110 City/ State and Zip Code Olena bolotina @yahoo. com
E-mail address: (to be used for future about report notification) For further information concerning this matter, please call: at (<u>386</u>) <u>627 - 0765</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation

•)f	2073 · · · 22 ps
Bolotina.	CO .	2077 22 PH 4:
(Name of Corporation as curren	tly filed with the Florida Dept. of S	tate)
P17000	006087	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts t	he 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 "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name is	abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		lhe
Name of New Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
tFlorida s	recertativess)	
New Registered Office Address:	, Flori	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the	e position
, and the second	The second secon	. positiva.
Signature of New	Registered Agent, if changing	
·		

Check 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.

Example:										
X Change	<u>PT</u>	<u>John Do</u>	<u>oe</u>							
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes							
X Add	\underline{SV}	Sally Sn	<u>nith</u>							
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s				
1) Change	VP	2 (Guilma.	ushin,	Ruster	97	51	Pine.	Cina	le
Add					***		Min	laas	4, K/ -	حک
Remove					_				_	
2) Change									_	
Add					_				_	
Remove Change									_	
Add					_				_	
Remove									_	
4) Change	. —	_					 		_	
Add									_	
Remove									_	
5) Change		_							-	
Add					_				_	
Remove					_				-	
6) Change		_							_	
Add					_				_	
Remove										

Attach <i>additional</i>	sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
·			
· -			
			
f an amendment	provides for an excl	hange, reclassification, or cancellation of issued shares,	
(if not applied	iplementing the ame able, indicate N/A)	endment if not contained in the amendment itself:	
			
			
·			
<u></u>			
			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no mor	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	Œ)
The amendment(s) was/were adopted by the incorporate action was not required.	tors, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	
"The number of votes east for the amendment(s)	was/were sufficient for approval
bv	
(voting group	,
Signature (By a director, president or or selected, by an incorporator appointed fiduciary by that fi	•
	Meslav Shlyakhover printed name of person signing)
	President
(Title of pe	erson signing)