## P17000043188

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## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

NAME OF CORPORATION: \$\subseteq \textit{SOLVELY FRAMILESS' GLAZING /NC}}\$  DOCUMENT NUMBER: \$\subseteq 1 \textit{POCOUTS ISS}\$\$  The enclosed *\textit{Arcicles of Amendment}}\$ and fee are submitted for filting.  Please return all correspondence concerning this matter to the following:  \$\textit{CIIII / NONSTANTIN (Name of Contact Person)}}\$\$  (Simple of Contact Person)  (Firm/ Company)  \$\textit{JAMOS BLVD. apt. 303} (Address)  \$\textit{Hallauclable Beauch , Florida , 33009} (City/ State and Zip Code)  \$\textit{Chizy State and Zip Code}}\$\$  \$\textit{City/ State and Zip Code}\$\$  (City/ State and Zip Code)  \$\textit{Chizy State and Zip Code}}\$\$  \$\textit{Contact Person}\$\$  For further information concerning this matter, please call:  \$\textit{Auclable Beauch   Blizy Misses   Amendment Section}}\$\$  \$\text{Amendment Section}\$\$  \$\text{Mailing Address} \text{Certificate of Status} \text{Certified Copy (Additional Copy is Enclosed)}\$\$  \$\text{Mailing Address} \text{Amendment Section}\$\$  \$\text{Mailing Address} \text{Amendment Section}\$\$	Division of Corporation	ns			
The enclosed **Articles of Amendment** and fee are submitted for filing.  **Please return all correspondence concerning this matter to the following:  **CHIZHIKOV KUNSTIMTIV**  (Name of Contact Person)  (Firm/ Company)  **JAH THREF ISLANDS BLVD. apt. 303  (Address)  **Hallaudale Beach, Florida 33009  (City/ State and Zip Code)  **Chizhiracca gauail. cour  E-mail, address: (to be used for future annual report notification)  For further information concerning this matter, please call:  **Name of Contact Person**  (Name of Contact Person)  **The Three Description of State:**    \$35 Filing Fee	NAME OF CORPORATION	ON: ABSOLUTEL	Y FRAMELESS	GLAL	ZING INC .
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(Name of Contact Person)  (Firm/ Company)  LAU THREE ISLANDS BLVD. apt. 303  (Address)  Hallandale Beach, Florida, 33009  (City/ State and Zip Code)  Chi 2 himaca guari. Com  E-mailaddress: (to be used for future annual report notification)  For further information concerning this matter, please call:  Mustlanding Address  (Name of Contact Person)  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Mailing Address  Mailing Address  Street Address  Street Address  Street Address	The enclosed Articles of Am	nendment and fee are subm	nitted for filing.		,
(Name of Contact Person)  (Firm/ Company)  JAH THRFF ISLANDS BIVD. apt. 303  (Address)  Hallandale Beach, Florida, 33009  (City/ State and Zip Code)  Chi 2hi Maca guail cau  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Musfaufin Billing Fee (Name of Contact Person)  (Name of Contact Person)  Enclosed is a check for the following amount made payable to the Florida Department of State:  Street Address  (Additional Copy is Enclosed)  Mailting Address  Street Address  Street Address	Please return all corresponde	ence concerning this matter	r to the following:		
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Certificate of Status  (Additional copy is Certified Copy enclosed)  (Additional Copy is Certified Copy (Additional Copy is Enclosed)  (Mailing Address  Street Address					
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## **Articles of Amendment**

## Articles of Incorporation

ABSOLUTELY	FRAMELESS	GLAZING	INC
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(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co., " or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." VB. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 7 New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the property is a second of the property of the property is a second of the property of the property is a second of the property of the

Signature of New Begistered 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	<u>PT</u> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	CEO	KONSTANTIN CHIZHIKO	N 224 THREE ISLANDS BLVD.
Add Remove		`	apt. 303, HALLANDALF BEACH
2) Change	PCEO	TEREHOUS VADIMS	3180 S. Ocean dr., unit 420, Kallandek
Remove			Beech, FL, 32003
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			44.00
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	NA			
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an amendment provides for an excorovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassifiendment if not c	cation, or cancell ontained in the ar	ntion of issued sh nendment itself:	ares,	
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The date of each amendment(s) adoption: 4/23/2018	, if other than the
date this document was signed.	
4/23/2018	
Effective date if applicable: 7/2 / AU/8  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following a 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	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
Dated	
Signature Merell	
(By a director, president or other officer - if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	er court
IEREHOVS VADIMS	
(Typed or printed name of person signing)	
President	
(Title of person signing)	