P1700046136

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Ivanenko, Inc.	<u> </u>	
DOCUMENT NUMB	BER: P17000046136	<u> </u>	<u>.</u>
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Liliya Iyanenko		
		Name of Contact Person	n
		Firm/ Company	
	616 NW 2nd Ave	, iiii Çiziqiany	
		Address	
	Fort Lauderdail, FL 33311		
		City/ State and Zip Cod	¢
. ^	E-mail address: (to be us a concerning this matter, pleas	sed for future annual report	notification)
Liliya Ivanenko		404 at (396-4020
Name (of Contact Person	-	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

Ivanenko, Iuc.		
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept, of State)
P17000646136		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Floridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
		The new
	uation "Corp." "Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address. (Principal office address <u>MUST RE 4.S</u>		
C. Enter new mailing address, it appl	icable:	130 Sroney Ridge Drive
(Mailing address MAY BE A POST OFFICE BOX)		
		Alpharetta, GA 30022
D. If amending the registered agent at new registered agent and/or the ne Name of New Registered Agent		
	616 NW 2nd Ave	· · · · · · · · · · · · · · · · · · ·
	tFlorula s	t ver address)
New Revistered Office Address:	Fort Lauderdale	, Florida 33311
New Registered Conce Magness.		(City) (Zip Code)
New Registered Agent's Signature, if o		
1 hereby accept the appointment as regis	tered agent Lam Jamiliar [/	Ath and accept the obligations of the position.
<u>L</u>	Itrarefe.	

Signature of New Registered Agent, if changing

It 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.

	e, ana sany smun, sy as an Aua.	
Example: <u>X</u> Change	<u>PΓ</u> <u>John Doe</u>	
∑ Remove	<u>V</u> <u>Mike Jones</u>	
X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One) 1) Chaoge	P Leonid Transako	<u>Addres</u> s
Add Remove	P. Liling Ibnerko	Collo Sus Zord Ale
2) Change Add Remove	-; - Companie	Ft. Laudordalo FT 3331
3) Change Add Remove		
4) Change Add Remove		
5; Change Add Remove		
6) Change Add Remove		

Attach additional sh	ing additional Articeets, if necessary).	iBe specifies	· · · · · · · · · · · · · · · · · · ·			
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<u>f an amendment pr</u>	<u>oyides for an excha</u>	ange, reclassificat	tion, or cancellat	tion of issued sha	res.	
<u>provisions for impl</u>	ementing the amen	idment if not con	tained in the am	endment itself:		
(if not applicable	le, indicate N'A)					
		_			<u>_</u>	
				 .	 -	
,					-	
				 .		
		<u></u>				
						

The date of each amendment(s) adoption:, it other than
date this document was signed.
06907/17
Effective date <u>if applicable</u> : too more than 90 days after amendment file date;
ono more man 90 aays after amenament tsie aates
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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
hv
(voting group)
 □ 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.
Dated
(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)
Liliya Ivunenko
(Typed or printed name of person signing)
President
(Title of person signing)