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COVER LETTER

TO: Amendment Section Division of Corporations

. :

NAME OF CORPORATION: Fortuna Internation	onal Group, Inc.
DOCUMENT NUMBER: P17000071767	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Evgeny Balyberdin	
	Name of Contact Person
	Firm/ Company
2234 North Federal Highwa	y, #1109
	Address
Boca Raton, FL, 33431	
-	City/ State and Zip Code
cugene566@gmail.com	,
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	se call:
Evgeny Balyberdin	at (2358661
Name of Contact Person	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 & □\$52.50 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 P.O. Box 6327 Tallahassee, 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 of

Fortuna International Group, Inc.		of			
	of Corporation as curre	ntly filed with the Florida	Dept. of State)		
P17000071767					
	(Document Number	r of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is <i>Florida Profit Corporati</i>	ion adopts the following	g ameno	dment(s) i
A. If amending name, enter the new n	ame of the corporation:				
Billiard International, Inc.			,	<i>,_</i>	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional co	cornerated" or the ab	The r breviat ontain	
B. Enter new principal office address,	if applicable:	Not Applicable			
Principal office address MUST BE A S	Principal office address MUST BE A STREET ADDRESS		27 de 1	<u>.</u>	-
		Not Applicable	<u>á</u> ti.	OCT S	71
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Not Applicable	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	29 AM	्र हा _
		Not Applicable	<u> </u>	æ	-
		Not Applicable		<u>-</u>	_
D. If amending the registered agent an new registered agent and/or the new	d/or registered office ad v registered office addre	dress in Florida, enter the ss:	name of the		
Name of New Registered Agent	Evgeny Balyberdin				
New Registered Office Address:	2234 North Federal Highway, #1109				
	(Florida street address)				
	Boca Raton		Florida 33431	, Florida	
	(City)			(Zip Code)	

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Not Applicable	
Add		•	
Remove			
2) Change		Not Applicable	
Add			
Remove			
3) Change		Not Applicable	
Add			
Remove			-
4) Change		Not Applicable	
Add			
Remove			
5) Change		Not Applicable	
Add	 -		
Remove			
6) Characa		Not Applicable	
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter chang (Be specific)				
ot Applicable					
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If an amendment provides for an excha	nge, reclassifica Iment if not con	tion, or cancel	ation of issued mendment itse	shares, lf:	
provisions for implementing the amend					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
provisions for implementing the amend					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					

,	Not Applicable	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
No	t Applicable	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	ıt(s)
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by Not Applicable	3•	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
OCTOBE Dated	R 23, 2018	
Signature		
(By a select	director, president or other officer – if directors or officers have not bee ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	n urt
	Evgeny Balyberdin	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	