

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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18 JUN 13 PH 12: 48

R. WHITE
JUN 1 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PREETI, CORP				
DOCUMENT NUM	BER: P18000002383				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	SVETLANA BEREGECH				
	Name of Contact Person				
	PREETI, CORP				
		Firm/ Company			
	333 PALMETTO PARK RO	AD, #803			
		Address			
	BOCA RATON, FL 33438				
		City/ State and Zip Cod	e		
For further information	n concerning this matter, pleas		618-6557		
Name of Contact Person		at (de & Daytime Telephone Number		
	or the following amount made				
S35 Filing Fee	□S43,75 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEC, FL 32301		

Articles of Amendment to Articles of Incorporation of FILED

18 JUN 13 PM 12: 45

SETTE TO THE STATE COMBA

PREETL CORP

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P18000002383	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	MA 23406 Torre Cir
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Borg Raton, FL 33433
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NTX 23406 TORRE CX
· · · · · · · · · · · · · · · · · · ·	Boca Raton FL 33433
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
No. Davids and Comp. Circumstance (Fabruaries Davids and Comp.	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
7.	
Signature of Nev	e 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 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 Do	<u>c</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jos	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	٧		INNA CHEPLYGINA	20264 HACIENDA CT
Add				BOCA RATON, FL 33498
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)
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If an amendment provides for an each	ange reclassification or cancellation of issued shares
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The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(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, this da document's effective date on the Department of State's records.	te will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statements be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by N/A	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	n
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/08/2018 Dated	
Signature Beregech	
Signature (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 cour appointed fiduciary by that fiduciary)	า
SVETLANA BEREGECH	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	