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18 HAY 29 PH 12: 58

COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORA	$\mathbf{ATION}: \underline{A}$	ENK ING	<u> </u>	
	er: <u>P/8000</u>	,		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
_	G'aish	A ALVARE	<u> 2</u>	
		Name of Contact Perso	n	
<u>-</u>	A	LENK INC	<u> </u>	
		Firm: Company		
_	168 SE	1st STREE	ET, SUITE 701	
	Δ/1 -		• :	
_		MI FL 331.	<u> </u>	
		City/ State and Zip Cod	e e	
E-mail address: (to be used for itture annual report notification)				
For further information	concerning this matter, pleas	se call:		
GaISHA	ALVAREZ	atı 786	554-7723 de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & 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 & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address				
Amendment Section			Amendment Section	
Division of Corporations Division of Corporations		on of Corporations		

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation

of

18 HAY 29 PM 12: 57

SECRETAR FOR STATE

AYENK	TNC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1800001009	<i>'5</i>
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the 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 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 address: Name of New Registered Agent JOSE TO	EURBE—Tolow, P.A.
2250 Significant Street	N 3 AVENUE, Svite 205 et address) Florida 33/29 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w //Signature of New Re	tifi and accept the obligations of the position. Printeger of the position of

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 officeridirector 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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X_ Change	P	NURLAN KAMITON	
Add Remove			Svite 701 MIAMI, FL 33/31
2) Change		GAISHA ALVAREZ	168 SE IST STREET
X Add Remove			Suite 701 MIAMI, FL 33131
3) Change			
Add Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
	_
	
 If an amendment provides for an exchange, reclassification, or cancellation of issued shares, 	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption: date this document was signed.		1AY 24, 2018	, if other than the
Effective date if applicable:	MAV Z	4 2018	
Enecuve date ir applicanie.	(no more than	4 <mark>1, 201B</mark> 90 days after amendment file da	ue)
Note: If the date inserted in this block doe document's effective date on the Department		icable statutory tiling requireme	ents, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by t by the shareholders was/were sufficient for		ne number of votes cast for the a	mendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each you			
"The number of votes east for the ar	nendment(s) was/we	ere sufficient for approval	
by			
(voting group)		
☐ The amendment(s) was/were adopted by t action was not required.	he board of director	s without shareholder action and	d shareholder
☐ The amendment(s) was/were adopted by t action was not required.	·	/	reholder.
Dated May Signature	24,20	18	
Signature	amin	hoi///	
(By a director, pi	regident or other off	icer – if directors or officers hav he hands of a receiver, trustee, o	
	ary by that fiduciary		other court
	NURLA.	N KAMITOV I name of person signing)	
	(Typed or printed	name of person signing)	
	\mathcal{D}_{I}	TRECTOR .	
		of person signing)	