## P19000028432

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## **COVER LETTER**

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Division of Corporations NAME OF CORPORATION: <u>ORDO DEVELOPMENT</u> INC DOCUMENT NUMBER: P19000028432 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ramil Gizeldinov
Name of Contact Person OR DO DEVELOPMENT INC
Firm/Company 9495 BURLINGTON PL Boca Raton, FL 33434

City/ State and Zip Code Ramil @ alphamediainc, com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ramil Giletdinov at (929), 389-7879

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 & **⊠\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

FILED

ORDO DEVELOP	
(Name of Corporation as currently	v filed with the Florida Dept. of States 2 97
P1900002	8432
(Document Number of	Corporation (if kp.SECRETARY OF STATE
Pursuant to the provisions of section 607.1006. Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "c word "chartered," "professional association," or the abbreviation ".	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	9495 Burlington PL
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	9495 Burlington PL Boca Raton, FL33434
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9495 Buelington Pl
	Boca Raton, FL 33434
	<del></del>
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	, Florida
	(City) (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 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.

X Change	<u>PT</u>	John Do	<u>re</u>	
X Remove	<u>V</u>	Mike Jo	ones.	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		-		
Add				
Remove				
2) Change				
Add		-		
Remove				
3) Change				
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<del>_</del>		
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				•
f an amendment provides for an exch	ange, reclassification	, or cancellation of i	ssued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contain	ed in the amendmen	t itself:	
уў та арумскаяс, таксас голу				
<del></del>			<del></del>	<del></del> _
				· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: _ date this document was signed.	August 14th, 2019	, if other than the
Effective date if applicable:		
e nective date <u>n applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	s not meet the applicable statutory filing requirements, this da of State's records.	te will not be listed as the
Adoption of Amendment(s) ( <u>C</u>	CHECK ONE)	
☑ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(sor approval.	;)
	the shareholders through voting groups. The following statemeng group entitled to vote separately on the amendment(s):	ent
	nendment(s) was/were sufficient for approval	
by		
()	coting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	
Dated <u>Augus 1</u> Signature	1414,2019	
Signature		
(By a director, pr	exident or other officer – if directors or officers have not been	
selected, by an in	corporator - if in the hands of a receiver, trustee, or other cour	t
appointed fiducia	ary by that fiduciary)	
	Ramil Gizet dinov	
	(Typed or printed name of person signing)	
	President	
<del></del>	(Title of person signing)	<del></del>