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| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARIES FLORIDS

SEP 0 9 2019 S. YOUNG



August 28, 2019

ALEXANDER BOBOVNIKOV NEVSKI MELODY INC 17749 COLLINS AVENUE APT 1802 SUNNY ISLES BEACH, FL 33160

SUBJECT: NEVSKI MELODY INC Ref. Number: P19000029637

We have received your document for NEVSKI MELODY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00017859

Shelia H Young Regulatory Specialist II

2019 SEP -9 PH 2: 1

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: NEVSKI MELOD | Y INC | |
|-------------------------|--|--|--|
| DOCUMENT NUMI | 1110000000000000 | | |
| The enclosed Articles | of Amendment and fee are su | abmitted for filing. | |
| Please return all corre | spondence concerning this ma | itter to the following: | |
| | ALEXANDER BOBOVNIK | ΘV | |
| | <u> </u> | Name of Contact Person | n |
| | NEVSKI MELODY INC | | |
| | <u> </u> | Firm/ Company | |
| | 17749 COLLINS AVE , AP | Г 1802 | |
| | | Address | |
| | SUNNY ISLES BEACH, FL | . 33160 | |
| | | City/ State and Zip Cod | e |
| ARK | ADIYMIAMI@GMAIL.COM | И | |
| | E-mail address: (to be u | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| ALEXANDER BOB | OVNIKOV | at () 421-2129 | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fee | □\$43.75 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 | Ameno Divisio Clifton | Address Iment Section on of Corporations (Building (xecutive Center Circle |

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

| of Corporation as currently | filed with the Florida | Dept. of State) |
|--|---|--|
| | | |
| (Document Number of | Corporation (if known) | |
| .1006, Florida Statutes, this F | Horida Profit Corporatio | on adopts the following amendment(s) to |
| ame of the corporation: | | |
| | | The new |
| nation "Corp," "Inc," or "C | Co". A professional coi | orporated" or the abbreviation |
| if applicable: | | |
| TREET ADDRESS) | | |
| <u>icable:</u> OFFICE BOX) | | 10 SEP -9 PM 5: |
| | ess in Florida, enter the | name of the 32 |
| | KOV | • |
| | | |
| 17749 COLLINS AVE , AI | 7l 1802 | |
| (Florida stre | et address) | |
| SUNNY ISLES BEACH | | Florida |
| (| City) | (Zip Code) |
| changing Registered Agent: tered agent. I am familiar w | ith and accept the obliga | ntions of the position. |
| | (Document Number of .1006, Florida Statutes, this Fame of the corporation; and the word "corporation mation "Corp," "Inc." or "Cution," or the abbreviation "Fapplicable: TREET ADDRESS) icable: OFFICE BOX) idealor: ALEXANDER BOBOVNII 17749 COLLINS AVE, AFAME (Florida street) SUNNY ISLES BEACH (changing Registered Agent: | itain the word "corporation," "company," or "incipation "Corp," "Inc." or "Co". A professional contion," or the abbreviation "P.A." if applicable: TREET ADDRESS) icable: OFFICE BOX) identify registered office address in Florida, enter the wregistered office address: ALEXANDER BOBOVNIKOV 17749 COLLINS AVE , APT 1802 (Florida street address) SUNNY ISLES BEACH (City) |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. The 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 ChaMike 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 | | |
| X Change | Р | ALEXANDER BOBOVNIKOV | 17749 COLLINS AVE | | |
| Add | | | APT 1802 | | |
| Remove | | | SUNNY ISLES BEACH, FL 33160 | | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 3)Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | <u> </u> | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

| (Attach ada | ditional sheets, i | f necessary). (I | Be specific) | | | |
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| provision | ndment providens for implement of applicable, inc | <u>iting the amendi</u> | ge, reclassification ment if not conta | on, or cancellation | on of issued share ndment itself: | S. |
| | | | | - | _ | |
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| | 08/13/2019 | |
|---|--|---------------------------|
| The date of each amendment(s) ac | option; | , if other than t |
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bedocument's effective date on the De | lock does not meet the applicable statutory filing requirements, this dat partment of State's records. | e will not be listed as t |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of votes east for the amendment(s flicient for approval. |) |
| • • | roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s): | ni |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voling group) | |
| ☐ The amendment(s) was/were addaction was not required. | pted by the board of directors without shareholder action and shareholde | г |
| ☐ The amendment(s) was/were add action was not required. | pted by the incorporators without shareholder action and shareholder | |
| 08/13/2019 | | |
| Dated | | |
| | The state of the s | |
| Signature | region president or other officer – if directors or officers have not been | |
| selecte | 1. It an incorporator – if in the hands of a receiver, trustee, or other court | L |
| | ed fiduciary by that fiduciary) | |
| | ALEXANDER BOBOVNIKOV | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |