## P19000037648

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: A/ex Sky Inc
DOCUMENT NUMBER: 77000037648
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alex Kustovsky
Alex Sky IMC
Name of Contact Person  Alex Sky I MC  Firm/ Company  310 Palm Coast Prwy NE Apt 103
Palm Loast FL 32137
City/ State and Zip Code
E-mail address: (to be used for further annual report notification)
For further information concerning this matter, please call:
Alex Kustovsky at 443 742-8344  Name of Contact Person Area Code & Daytime Telephone Number
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  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

to

Articles of Inc	corporation
///ex C/ of	
- TIEX SKY !!	7C
(Name of Corporation as currentl	y filed with the Florida Dept. of State)
P 190000376	48
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.,"  1 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	د۔
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr	ress in Florida enter the name of the
new registered agent and/or the new registered office address:	
Varia of Vair Paristand Ameri	MP. W
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
1	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	una accept the obligations of the position.
Signature of New Re	egistered Agent, if changing
	O G N Y
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (1)	a) ES
in the amendment(s) is are being filed pursuant to 5, 007,0120 (11) (i	c), r.o.

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Chageyeva, En	19 47 Edith Pope DR. Palm Coast, FL 32164
X Add		<i>V V</i>	Palm Coast, FL 32164
Remove			<del></del>
2) Change	_		<del>_</del> <del></del>
Add			
Remove 3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del>_</del>
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

	if necessary).	les, enter change(s) here: (Be specific)		
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The date of each amendment(s) adoption date this document was signed.	tion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date witness of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement by voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	33	
	(voting group)	
DatedSignature	1/2021	Ø
(By a directon selected, by	or, president or other officer – if directors or officers have not been an incorporator – If in the hands of a receiver, trustee, or other court duciary by that fiduciary)	_
<u>F</u>	Hex Kustovsky	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	