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SECRETARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	-		
NAME OF CORPORATION: _	FLYN	REALTY CORP.	
DOCUMENT NUMBER:	P190	000056768	
The enclosed Articles of Amendm	ent and fee are sul	bmitted for tiling.	
Please return all correspondence c	oncerning this mat	ter to the following:	
	VI	KTORIYA VOLKOVA	
	<u> </u>	Name of Contact Person	1
	F	LYN REALTY CORP.	
		Firm/ Company	
	410 SE	2nd STREET, APT # 210	
		Address	
	HALL.	ANDALE, FL 33009	
_ <del></del>	· <u>-</u>	City/ State and Zip Cod	e
vvtori21@gmail.	C(1977		
		sed for future annual report	notification)
		·	
For further information concerning	g this matter, pleas	se call:	
VIKTORIYA VOLKOVA		at (239	) 248 4161 de & Daytime Telephone Number
Name of Contact F	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made p	payable to the Florida Depa	artment of State:
_	.75 Filing Fee & ificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Aniendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Amend Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FLYN REALTY CORP.

(Name of Corporation as curre	ently filed with the Florida Dept, of State)
P19000056768	
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	<u>:</u>
	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19 J
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent.	
Name of New Registered Agent	) 10: 22 STATE LORIDA
(Floride	la street address)
New Projection J. (26) as C. Library	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
Signature of Ne	ew 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 Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	VPD	VIKTORIYA VOLKOVA	244 BISCAYNE BLVD., #4807	
Add			MIAMI, FL 33132	
_X_Remove				
2) Change			For -	
Add				
Remove			AH. A.	_1
3 ) Change			<u> </u>	
Add			AM 10:	ED
Remove		·	): 22 0:002	•
4) Change				
Add				
Remove				•
5) Change				
Add				
Remove				-
6) Change	,			-
Add				•
Remove				-

<u>l'amending or adding additional Arti</u> attach <i>additional sheets, if necessary).</i>			
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		<b>全部</b>	AUG
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	<u> </u>	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	25 X	9
(y mn tappactible, matetae (v/)		<u>~</u> ,~1	35
		~ · · · ·	— <u>———————————————————————————————————</u>
		2 A	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 08/08/19	19 <b>A</b>
Signature	៍គិ ។
(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 court appointed fiduciary by that fiduciary)	< · I
VIKTORIYA VOLKOVA 유급	
(Typed or printed name of person signing)	22
VICE PRESIDENT	
(Title of person signing)	<del></del>