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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN BISSA HOLDING, CORP.

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TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: BISSA HOLDING, CORP. P19000060259 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AKHMETOV, YERLAN Name of Contact Person BISSA HOLDING, CORP. Firm/ Company 900 N FEDERAL HWY 306 Address HALLANDALE, FL 33009 City/ State and Zip Code crlankitex@mail.ru E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 955-8899

Area Code & Daytime Telephone Number AKHMETOV, YERLAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □S43.75 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 Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassuc, Ft. 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BISSA HOLDING, CORP.	
Name of Corporation as curre P19000060259	ently filed with the Florida Dept. of State)
(Document Number	er of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(
If amending name, enter the new name of the corporation:	
ime must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," o ord "chartered." "professional association," or the abbreviatio	r "Co". A professional cornoration name must contain the
Enter new principal office address, if applicable: Principal office address MUST RE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	idress in Florida, enter the name of the SSA
Name of New Registered Agent	—————————————————————————————————————
(Florida New Registered Office Address:	street address)
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	nt: or with and accept the obligations of the position.

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 tale, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	N <u>ame</u>	<u>Addres</u> s
1) Change	<u>s</u>	BEISEKEYEV, RUSTEM	900 N FEDERAL HWY, STE 306
Add			HALLANDALE, FL 33160
Remove			
2) Change	• • • • • • • • • • • • • • • • • • • •		
Add			SECH 20
Rcmove			ASS SS TO
3) Change			! m -:
Add			
Remove			9: 01 ORIGA
4) Change			
Add			
Remove			
5) Change		 	
₋ Add			
Remove			
6) Change	-		
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	
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	(s) ≥
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	ف جي
rovisions for implementing the amendment if not contained in the amendment itself-	
(if not applicable, indicate N/A)	:= (<i>I</i>):
	9: 9 : 1
	<u> </u>
	

08/07/2019	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
07/24/2019 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.	II not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
(voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	19 /
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	F _
08/07/219 Dated	
Signature	ð: 0t
(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)	
BEISEKEYEV, RUSTEM	
(Typed or printed name of person signing)	
SECRETARY	
(Title of person signing)	