P20 0000 20084

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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2020 PT 12 AH II: 36

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COVER LETTER

Division of Corporations NAME OF CORPORATION: Altair Cabling Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dmytro Minyaylo Name of Contact Person Altair Cabling Inc Firm/ Company 800 Parkview dr #1019 Address Hallandale Beach, Fl 33009 City/ State and Zip Code analtar83@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 800-8975

Area Code & Daytime Telephone Number Dmytro Minyaylo Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Altair Cabling Inc

2020 7 13 12 AM 11: 36

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)
P20000020084		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	,
Altair Cabling Inc.		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		800 Parkview Dr Unit 1019
		Hallandale Beach Fl 33009
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		800 Parkview Dr Unit 1019
		Hallandale Beach Fl 33009
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent	Dmytro Minyaylo	
	800 Parkview Dr Unit 10	19
	(Florida s	treet address)
New Registered Office Address:	Hallandale Beach	33009 , Florida
		(City) (Zip Code)
		,
New Registered Agent's Signature, if c I hereby accept the appointment as regis		nt: with and accept the obligations of the position.
		An
	-Signature of New	Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

<u>X</u> 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>	Address
1) Change	P	Dmytro Minyaylo	800 Parkview Dr Unit 1019
X Add			Hallandale Beach Fl 33009
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
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If an amendme	ent provides for a	in exchange, reclas	ssification, or cancell	ation of issued sha	res,
	r implementing th	<u>he amendment if n</u> e	ot contained in the a	mendment itself:	
provisions for	olicabl <mark>e, indicat</mark> e N	√ /A)			
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3/9/2020	
The date of each amendment(s) adoption:, if other	r than
date this document was signed.	
3/9/2020	
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 not be list document's effective date on the Department of State's records.	ted as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold action was not required.	er
☐ 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 cast for the amendment(s) was/were sufficient for approval	
by N/A	
(voting group)	
3/9/2020	
Dated	
Signature	
(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)	
Dmytro Minyaylo	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	-

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