8/6/20... Division of Corporations

P20000046491

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : LVM ACCOUNTING SERVICES, INC.
Account Number : I20200000106
Phone : (561)927-7157
Fax Number : (561)927-7157

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN

TIMAX INC

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	$52.50

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Electronic Filing Menu Corporate Filing Menu

AUG 07 2020

FLORIDA DEPARTMENT of STATE

RON DESANTIS
Governor

MICHAEL ERTEL
Secretary of State

Prepaid Sunbiz E-File Account

Deposit Slip

☐ Check the box if you made changes to your account information below. Please highlight any changes.

Check Number: _____ **Check Amount:** _____

Account Number: 120200000106

Account Name: LVM Accounting Services INC

Mailing Address: ~~66~~ 301 Yamato Rd Suite 1240
Boca Raton, FL 33431

City: _____

State: _____ **Zip:** _____

Phone: 561-927-7157 **Fax:** _____

Contact Person: Liana McCorkegan

Signature: Liana

Submit a deposit slip with each check (minimum $300 per check).

- Make checks payable to the **Florida Department of State.**
- Must be payable in U.S. currency drawn from a U.S. bank.
- Checks must be from the Sunbiz E-File Account holder. **No 3rd party checks.**

Mailing Address
Division of Corporations
Public Access Accounts
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Street, Suite 810
Tallahassee, Florida 32303
850.245.6939 • 850.245.6018 (Fax) • Sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TIMAX INC

DOCUMENT NUMBER: P20000046491

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALIAKSANDR KISTEN
Name of Contact Person

TIMAX INC
Firm/ Company

1661 SW 27 TER
Address

FORT LAUDERDALE, FL 33312
City/ State and Zip Code

timaxdelivery@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALIAKSANDR KISTEN at (407) 316-5859
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
- ☐ $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)

Mailing Address
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

TIMAX INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000046491

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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**)*

_____

_____

_____

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____, Florida _____
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
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.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change	PT	ALIAKSANDR KISTEN	2200 DIANA DR, APT 409
Add			HALLANDALE, FL 33309
Remove			
2) X Change	VP	TIMUR ZHUMAGAZEEV	1661 SW 27 TER
Add			FORT LAUDERDALE, FL 33312
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary*). *(Be specific)*

PLEASE CHANGE THE TITLE.

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
(if not applicable, indicate N/A)

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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 _____"
(voting group)

Dated 07/30/2020

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)

TIMUR ZHUMAGAZEEV
(Typed or printed name of person signing)

VP
(Title of person signing)