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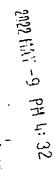
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Special Instructions to	Filing Officer.	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TIMAX INC		
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	INNA ERLIKH		
		Name of Contact Person	1
	CORONA TAX SERVICES	INC	
		Firm/ Company	
	1661 SW 27 TER		
		Address	
	FORT LAUDERDALE, FL 3	33312	
		City/ State and Zip Cod	e
For further informatic	on concerning this matter, pleas	sed for future annual report	
		at ()
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TIMAX INC	
(Name of Corporation as currentl	v filed with the Florida Dept. of State)
220000046491	
(Document Number o	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
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", z "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 4 professional corporation name must containshe word
3. Enter new principal office address, if applicable:	*
Principal office address MUST BE A STREET ADDRESS)	>
	<u></u>
	<u></u>
. Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u>. ω</u>
	·
 If amending the registered agent and/or registered office addi- new registered agent and/or the new registered office address 	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	Marid.
	(City) . Florida(Zip Code)
lew Registered Agent's Signature, if changing Registered Agent; hereby accept the appointment as registered agent. I am familiar v	in the state of the position.
Signature of New Re	egistered Agent, if changing
heck 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:	e, una su	ay sman, or as an mac.	
X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	ZHUMAGAZEEV, TIMUR	1661 SW 27 TER
Add			FORT LAUDERDALE, FL 33312
X Remove			
2) Change	S	Mahilevets, Siarhei	1661 SW 27 TER
Add			FORT LAUDERDALE, FL 33312
X Remove	Р	SHARAFEEV, AYRAT	1661 SW 27 TER
3) Change	<u></u> -	SHARAFEEV, ATRAT	
X Add			FORT LAUDERDALE, EL 33312
Remove			
4) Change			· P
Add			<u>, , , , , , , , , , , , , , , , , , , </u>
Remove			$\overset{\omega}{ ilde{arphi}}$
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment its	
(if not applicable, indicate N/A)	sen.
	-
	•

The date of each amendment(s) a	doption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	119 -9 -9 -9 -9 -9 -9 -9 -9 -9 -9 -9 -9
	proved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):	PH 4:
	for the amendment(s) was/were sufficient for approval	သ
by	(voting group)	
Dated		
Signature 😉	July N	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other count ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	

the