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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056

: (954)842-2931

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN MEA EXPO INC

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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

**:** 

Division of Corporations NAME OF CORPORATION: MEA EXPO INC P21000028359 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TUKHIASHVILI, MEDEA Name of Contact Person I AM THE COMPANY, INC. Firm/ Company 1200 N FEDERAL HWY Address BOCA RATON, FL 33432 City/ State and Zip Code BRIONTMT@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TUKHIASHVILI, MEDEA 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 Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| Corporation as currently filed with the F   |  |
|---|--|
| Colporation as earliestly filed with the r  | lorida Dept. of State)   |
|   |  |
| (Document Number of Corporation (if k   | nown)  |
| 06, Florida Statutes, this Florida Profit Cor   | rparation adopts the following amendment(s) to   |
| e of the corporation:   |  |
|   | Thepew   |
| ne word "corporation," "company," or "inc<br>p," "Inc," or "Co". A professional cor<br>r the abbreviation "P.A."<br>applicable: | corporated" or the abbreviation "Cep.,"  |
| EET ADDRESS )   | SS. P. C.  |
| ble:<br>FICE BOX)   | 02   |
| or registered office address in Florida, en   | iter the name of the   |
| CENTER WINCE MOUTESTY   |  |
| ogital by office had been   |  |
| 200 N FEDERAL HWY   |  |
|   |  |
| 200 N FEDERAL HWY   | . Fiorida  |
|   | e of the corporation:  e word "corporation," "company," or "inc p." "Inc," or "Co". A professional con- the abbreviation "P.A."  applicable: EET ADDRESS)  ble: FICE BOX |

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Check if applicable

The amondment(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.

| X Change                      | <u>PT</u>    | John Doe             |  |  |
|-------------------------------|--------------|----------------------|--|--|
| X Remove                      | <u>V</u>     | Mike Jones           |  |  |
| <u>X</u> Add                  | <u>sv</u>    | Sally Smith          |  |  |
| Type of Action<br>(Check One) | <u>Titie</u> | Name                 | Address >                                |  |
| 1) X Change                   | P            | TUKHIASHVILI, MEDEA  | BOCA RATON, FL 33432                     |  |
| Add                           |              |                      | BOCA RATON, FL 33432                     |  |
| Remove                        |              |                      | 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7 |  |
| 2) X Change                   | S            | TUKHIASHVILI , MEDEA | 1200 N FEDERAL HWY,                      |  |
| Add                           |              |                      | BOCA RATON, FL 35432:                    |  |
| Remove Change                 |              |                      |  |  |
| Add                           |              |                      |  |  |
| Remove                        |              |                      |  |  |
| 1) Change                     |              |                      |  |  |
| Add                           |              |                      |  |  |
| Remove                        |              |                      |  |  |
| 7) Change                     |              |                      |  |  |
| Add                           |              |                      |  |  |
| Remove                        |              |                      |  |  |
| O) Change                     | ····         |                      |  |  |
| Add                           |              |                      |  |  |
| Remove                        |              |                      |  |  |

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| The date of each amendment(s) adoption:  | , if oth  | ier than the                           |
|--|---|--|
| date this document was signed.   |   |  |
| Effective date if applicable:  |   |  |
| (no more th  | an 90 days after amendment file date)   | <del></del>                            |
| Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record | pplicable statutory filing requirements, this date will not be lids.  | isted as the                           |
| Adoption of Amendment(s) (CHECK ONE)   |   |  |
| The amendment(s) was/were adopted by the incorporators action was not required.  | , or board of directors without shareholder action and sharehold  | der                                    |
| ☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.             | **  | 3                                      |
| ☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle.        | d to vote separately on the amendment(s):   |  |
| "The number of votes cast for the amendment(s) was   | s/were sufficient for approval  | ) :::::::::::::::::::::::::::::::::::: |
| by   |   | <b>=</b> [1]                           |
| (voting group)   | 다   | M 8: 02                                |
| 02/20/2023   | 四十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二   | S                                      |
| Dated  |   |  |
| Signature Wedsa Tukhiashoo   | li  |  |
| (By a director, president or other selected, by an incorporator – if i appointed fiduciary by that fiduci                  | officer - if directors or officers have not been in the hands of a receiver, trustee, or other court liary) |  |
| TUKHIASHVILI , MED   | DEA   |  |
| (Typed or prin   | ted name of person signing)   |  |
| PRESIDENT  |   |  |
| (Title of person   | n signing)  | <del></del>                            |

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