Division of Corporations

## Florida Department of State 265 Division of Corporations Electronic Fining Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

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## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)  P21000031265  (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:
(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
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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 affice address MUST RF 4 STREET ADDRESS)
76 to 1
C. Enter new mailing address, if applicable:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
<del></del>
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
Name of New Registered Agent
(Floridu street address)
New Registered Office Address:, Florida
(City) (Zip Code)
Nam Desintand Apart Cincana (6 to 1 D )
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.
y i y i y i i i y i i i y i i i y i i i y i i i y i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i i y i i i i y i i i i y i i i i y i i i i y i i i i y i i i i i y i i i i y i i i i i y i i i i i i y i i i i i y i i i i i y i i i i i i i i i i i i i i i i i i i i
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)

Example:

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 = Trustec; 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 D	<u>oe</u>	
X Remove	<u>Y</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>S</u>	<del></del>	Volodymyr Bezditnyi	3 Naberezhna street
X Add				Cherniavka village, Orativskyi district
Remove				Vinnytska area, 22612, Ukraine
2) Change				
Add				
Remove 3) Change			***************************************	
Add				
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4) Change				
Add				1177
Remove				
5) Change		<del></del>		- Popple and to the second sec
Add				
Remove				
6) Change		_		
Add				
Remove				

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the ir action was not required.	orporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	reholders. The number of votes cast for the amendment(s) roval.
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	nent(s) was/were sufficient for approval
by	<b></b>
(votin	group) "
Dated 06/03/2021	
Signature <u>Maluina</u> (By a director, presid selected, by an incorp appointed fiduciary b	Jonas  If or other officer – if directors or officers have not been  prator – if in the hands of a receiver, trustee, or other court  that fiduciary)
Malvir	a Jonas
(T	ped or printed name of person signing)
Direct	or
	le of person signing)

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SECRETARY OF STATE
OF ATTACHOR