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of 8/31/2022

COVER LETTER

Division of Corporations NAME OF CORPORATION: FLOKET INCORPORATED DOCUMENT NUMBER: P 2100003/847 The enclosed Articles of Amendment and tee are submitted for filing. Please return all correspondence concerning this matter to the following: VICTORIJA BRATUS

Name of Contact Person

FLORET INCORPORATED

Firm/ Company

1 UNIVERSALNAY ST. APT 30

Address DNIPRO, UKRAINE, 49024 IRINA SLAVA O HOTMAIL. COM

E-mail address: (to be used for future annual report nonfication) For further information concerning this matter, please call: VICTORIIA BRATUS at 407 334-0551

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & S35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

οf

2022 AUG 31 PH 12: 14

FLORET INCORPORATED (Name of Corporation as currently filed with the Florida Dept. of State) (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 New Registered Office Address: 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name Address	
1) Change Add	P VICTORIIA BRATUS 14NIVERSALNAYSTR APT 30 DNIPRO,	
Remove 2) Change	P LIUDMYLA MASLOVA 12 BUCHMYSTR APT 56	
Add Remove 3 Change Add	APT 56 KHARKIV UKRAINE, 6114	14
Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add		
Remove		

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
	
If an amandment provides for an ex	schange, reclassification, or cancellation of issued shares,
provisions for implementing the ar	mendment if not contained in the amendment users
(if not applicable, indicate N/A)	

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 to document's effective date on the D	block does not meet the app repartment of State's records.	olicable statutory filing requirements, this date will n	iot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators, o	or board of directors without shareholder action and st	hareholder
■ The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. To sufficient for approval.	The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders to reach voting group entitled	through voting groups. The following statement to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/	were sufficient for approval	
by	(voting group)		
selec	ted, by an incorporator – if it inted fiduciary by that fiduciary by the fiduciary b	BRATUS med name of person signing) FNT	
	(Title of person		