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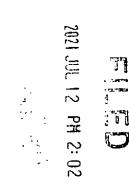
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Fl. 32314

NAME OF CORP	ORATION: Chingyz Company	,		
	MBER: P21000036196			
	es of Amendment and fee are su	abmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	Chingyz Saktanbekov			
	Name of Contact Person			
	Chingyz Company			
	•	Firm/ Company		
	2964 Lucayan Harbour Circl	e unit 108		
	-	Address		
	Kissimmee/Florida 34746			
		City/ State and Zip Cod	e	
	chingyzcompany@gmail.com	n		
		sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
Chingyz Company		at (³¹²	8828676	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Chingyz Company	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P21000036196	
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp." "Inc," ("chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	ESS 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH C2
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
-	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	m familiar with and accept the obligations of the position.
Signatu	re of New Registered Agent, if changing

Check if applicable

 \Box 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	<u>PT</u> <u>Joh</u>	<u>in Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	<u>v</u>	Kaiyrgul Orunkulova	2964 Lucayan Harbour Circle 108
Add			Kissimmee, FL 34746
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for a rovisions for implementing th (if not applicable, indicate N	e amendment if not co	ation, or cancellation ntained in the amendi	of issued shares, nent itself:	

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. 7/8/2021 The date of each amendment(s) adoption:	if other than the
date this document was signed.	If other than the
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> :	ster amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by(voting group)	,"
(voting group)	
Dated $\frac{7/12/7024}{GBy a director, president or other officer - if of the state of the state$	
Signature U. G.	
(By a director, president or other officer – if officer selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	irectors or officers have not been of a receiver, trustee, or other court
Chingyz Saktanbekov	
(Typed or printed name of	person signing)
President U. Cl	
(Title of person signing)	