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Division of Corporations

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Account Number : I20170000056 Phone : (954)842-2931

Fax Number : (954)842-2936

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Help

TO: Amendment Section

Division of Corporations

COVER LETTER

	DRATION: INDIKATE, INC		
DOCUMENT NUM	1BER: P21000040791		
The enclosed Article	s of Amendment and fee are s	submitted for filling.	
Please (ctuin all con	espondence concerning this m	eatter to the following:	
	ASRIEV, EDVARD		
		Name of Contact Perso	712
	INDIKATE, INC.		
		Firm/ Company	
	210 174TH STREET 1607	, ,	
		Address	
	SUNNY ISLES BEACH, FI	L 33160	
		City/ State and Zip Coo	le
	a9548422931@gmail.com	·	
		sed for future annual repor	······································
	on concerning this matter, plea		924-7860 ode & Daytime Telephone Number
Name	of Contact Person	at (wie K. Dostima Talanhan Alanhan
inclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
Account o	□\$43.75 Filing Fee &	☐\$43.75 Filling Fee &	□\$52.50 Filing Fee Certificate of Status
■ \$35 Filing Fee	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

AND ALL AND AL	-17 O	
INDIKATE, INC.		بب
(Name of Corporation of August 2)	30.25	
(Name of Corporation as currently filed with the Florida Dept. of State) P21000040791	<u>بر المرا</u>	
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following Articles of Incorporation:	ng amendmen	l(s) to
4. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "company," or "Incorporated" or the abbrevian "Inc.," or Ca.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the container of the contai	_The new ion"Corp.," in the word	
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)		
). If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:		
Name of New Registered Agent		
	•	
(1) locala street address)	-	
New Registered Office Address:		
, Piorida		
(City) , Florida	"utej	
, Piorida	ude;	
(City) (City)	iule)	
(City) (City)	ude;	
(City) (City)	ode)	
(City) (City)	odes	
(City) (City) Gip (Gip C iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	ude)	
(City) (City)	ode;	
(City) (City) Gip (Gip C iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	odes	

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 James, V as Remove, and Sally Smith, SV as on Add.

Example: Name of the Name of		John Doc	
X Remove		Mike Jones	
<u>X</u> Add		Sally Smith	
(<u>Spe of Action</u> (Check One)	<u>Title</u>	Nome	<u>∧</u> dd <u>res</u> s
1) X Change	<u></u>	ASRIIEVA, KATERYNA	210 174111 STREET, STE 1607
\Jd			SUNNY ISLES BEACH, FL 33160
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	———		
Add Remove			
57 Change			
Add		 .	
Remove			···································
6) Change			· ————————————————————————————————————
Add			
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The date of each amendment(s)	adoption:	
date this document was signed.		if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed us the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or hoard of directors without shareholder action and	shareholder
EF The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes eas	a for the amendment(s) was/were sufficient for approval	<u>1</u>
by	-	2021 S.J.L
	(voting group)	
0o/04/202 Dated	I	2021 JUN -4 >= Chicker ALLAHASSEE
Signature	Edvard Asriev	AH 8
selecti	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	2 CORNO A STATE STATE STATE
	ASRIEV, EDVARD	
	(Typed or printed name of person signing)	 _
	President	
	(Title of person signing)	-