P21000054809

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SECRETARY OF STATE

Anjsoa Butter

COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CORPORATION: Holafort Inc.					
DOCUMENT NUMBER: P21000054809					
	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	spondence concerning this mat	tter to the following:			
	Ilya Sorokin				
		Name of Contact Person			
	Holafort Inc.				
		Firm/ Company			
	4005 Gulf Shore Blvd. N, Unit 402				
Address					
	Naples, FL 34102				
	City/ State and Zip Code				
sorokin.ilya@gmail.com					
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
Ilya Sorokin		at (<u>917</u>	8610101		
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

Street Address

Amendment Section

Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

EH EN

Holafort Inc.	
(Name of Corporation	as currently filed with the Florida Pept. of State PM 4: 32
P21000054809	
(Documen	t Number of Corporation (if known) SECRETARY, OF STATE TALLAHASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
name must be distinguishable and contain the word "corp," Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	The new oration," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the ice address:
Name of New Registered Agent	
	(Florida street address)
V 5	
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an Signature	ered Agent: In familiar with and accept the obligations of the position. The position of the position of the position of the position of the position. The position of the p
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)

Add

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.

Mike Jones, V as Remove	e, and Sai	lly Smith, SV as an Add.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Awan Noureed	Shoreline Apartments
x Add			Al Haser bldg # 902 palm Jumeira
Remove			Dubai, United Arab Emirates
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Ifdwant musides for an arch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the arrest sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
Ilya Sorokin	, ,	
<u> </u>	(voting group)	
June 30, Dated	2021	
Signature) · -	
selec	director, president or other officer - if directors or officers have ted, by an incorporator - if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	not been other court
	Ilya Sorokin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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