P22000010214

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2022 APR -4 PH 12: 10 SECRE / THE SELECTION

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AVR SUPPLY INC	3			
DOCUMENT NUME		· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	INNA ERLIKH				
	Name of Contact Person				
	CORONA TAX SERVICES INC				
	Firm/ Company				
	3800 S OCEAN DR STE 216				
	Address				
	HOLLYWOOD, FL 33019				
	City/ State and Zip Code				
	E-mail address: (to be us	sed for future annual report	notification)		
	,		,		
For further information	n concerning this matter, pleas	se call:			
		at ()		
Name o	of Contact Person	Area Co)		
Enclosed is a check fo	r the following amount made	payable to the Florida Depo	artment of State:		
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

AVR SUPPLY INC 2022 APR -4 PM 12: 16

(Name of Corporation as current	tly filed with the Florida Dept. of State) STATE
P22000010214	IALLAHASSEE, FL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain 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)	n
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
-	
Name of New Registered Agent	
W. A.	
rriorida s.	treet address)
New Registered Office Address:	(City) (Zip Code)
	vap code,
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>
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)

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= 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>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	$\underline{\hat{S}V}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	ERLIKH, LEONID	1261 NW 141ST AVE
Add X Remove		—	PEMBROKE PINES, FL 33028
Remove 2) Change	P	VORONA,KOBE	1261 NW 141ST AVE
X Add			PEMBROKE PINES, FL 33028
Remove 3) Remove			
Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng or adding additiona litional sheets, if necess	ary). (Be specif	ic)			
					•	
						
		·			•	
- _						
					 _	
						
•						
	• • •					
f an amer	adment provides for a	n exchange, recla	issification, or c	ancellation of issu	ed shares.	
<u>provisior</u>	ndment provides for a is for implementing th	e amendment if i	<u>not contained in</u>	the amendment is	<u>tself:</u>	
(if no	t applicable, indicate N	VA)				
			 			
						 -

The date of each amendment(s) adopt	ion:	, 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 block document's effective date on the Depart	does not meet the applicable statutory filing requirements ment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	by the shareholders. The number of votes east for the ame ent for approval.	ndment(s)
	ed by the shareholders through voting groups. The following h voting group entitled to vote separately on the amendment	
"The number of votes cast for	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated3/19	/2022	
Signature _	(Des	
(By e direct selected, b	or, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or officery by that fiduciary)	
	Koke Vorong (Typed or printed name of person signing)	
	President	
	(Title of person signing)	