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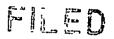
J 1124/2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALMAX COMPA	NY, INC	
	IBER: P22000022387		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	OLEG OZEI		
		Name of Contact Person	1
	ALMAX COMPANY		
		Firm/ Company	
	12619 COPPER MOUNTAI	N PASS	
		Address	
	BOYNTON BBEACH, FL 3	3473	
		City/ State and Zip Code	2
	ElinaOzei@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati Elina Ozei	on concerning this matter, plea	se call: at (331-9018
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check (or the following amount made		·
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.G	nendment Section vision of Corporations D. Box 6327 Illahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of



ALMAX COMPANY, INC			2022 OCT 27 PH-6:
(Name o	of Corporation as curren	tly filed with the Florida De	pt. of State)
P22000022387			CECALL
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendment(
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	Torp," "Inc," or "Co". or the abbreviation "P.A.	A professional corporation	l" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S			
			
 C. Enter new mailing address, if applied (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new registered agent and/or the new registered agent. 	<u>OFFICE BOX</u>) nd/or registered office ad		ame of the
	Lilia Ozei		
Name of New Registered Agent	7664 Wildflower Shores	· · · · · · · · · · · · · · · · · · ·	
		treet address)	
	Delray Beach	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71 miles 33473
New Registered Office Address:		(City)	, Florida(Zip Code)
			,
New Registered Agent's Signature, if c I hereby accept the appointment as regist			one of the position
2	Cally:	Registered Agent, if changing	

Check if applicable

 \square 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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	TREA	Lilia Ozei	7664 Wildflower Shores Drive
X Add			Delray Beach, FL 33446
Remove			
2) Change	TREA	Elina Ozei	12619 Copper Mountain Pass
Add			Boynton Beach, FL 33473
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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			•
			
			
	 .		•
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	_	<u> </u>	
If an amendment provides for an excl	ange, reclassification, or c	ancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amendment itself:	
(i, ma appricame, material			
			
			<u> </u>
			
			

•

	September 1, 2022	
The date of cac	:h amendment(s) adoption:	, if other tha
date this docum	ent was signed.	
	September 1, 2022	
Effective date <u>i</u>	e 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
-	(no more than 90 days after amendment file date)	
	ite inserted in this block does not meet the applicable statutory filing requirements, this detective date on the Department of State's records.	ate will not be listed a
Adoption of Ar	mendment(s) (<u>CHECK ONE</u>)	
The amendm	nent(s) was/were adopted by the incorporators, or board of directors without shareholder action of required.	ion and shareholder
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment holders was/were sufficient for approval.	(s)
	nent(s) was/were approved by the shareholders through voting groups. The following statem arately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The n	umber of votes cast for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
	Dated	
	Signature	
	Signature (By a director, president or other officer – if directors or officers have not been	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other cou	rt
	appointed fiduciary by that fiduciary)	
	$\mathcal{C}_{\mathcal{A}}$	
	in the company of the	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	
	· · · · · · · · · · · · · · · · · · ·	