## P24000008177

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: ALREADY GONE	E AT CORP			
DOCUMENT N	UMBER: P24000008177				
	icles of Amendment and fee are sul	bmitted for filing.			
Please return all c	correspondence concerning this man	tter to the following:			
	ANNA ROSS				
		Name of Contact Person			
	AJR TAX CONSULTING C	AJR TAX CONSULTING CORP			
	Firm/ Company				
	3788 NOSTRAND AVE				
		Address			
	BROOKLYN, NY 11235				
		City/ State and Zip Cod	e		
	ANNA@AJRTAX.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further inform	nation concerning this matter, pleas	se call:718	200-3941		
N:	ame of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a che	ck for the following amount made p	payable to the Florida Depa	artment of State:		
S35 Filing Fo	ce	☐\$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		Address Iment Section on of Corporations		

## Articles of Amendment to Articles of Incorporation of

ALREADY GONE AT CORP

(Name)	of Corporation as currently	filed with the Florida Dept. of S	<u>State</u> )
P24000008177			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc" or Co" or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co". A	ompany," or "incorporated" or th professional corporation name	The new eabhreviation "Corp.," must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)  D. If amending the registered agent ar	OFFICE BOX)  id/or registered office addre	ess in Florida, enter the name of	[ the
new registered agent and/or the new			
Name of New Registered Agent	MIKHAIL KRAVCHUK		
	207 S SUNSET BLVD		
	(Florida stre	et address)	<u></u>
New Registered Office Address:	GULF BREEZE	. Flo	32561 rida
	(	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. Tam familiar w Milled	ith and accept the obligations of the obligations o	he position.
	ingmainte of then Re	дыылсы гідет, у спапуту	
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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	DMYTRO POLIANSKY	CALLE MANUEL ANTON 11 2C
Add	<del></del>		ALCANTE, VA 03004 ES
Remove 2) Change	Р	MIKHAIL KRAVCHUK	207 S SUNSET BLVD
X Add			GULF BREEZE, FL 32561
Remove 3) Change	P	YURY KRAVCHUK	207 S SUNSET BLVD
Add X Remove			GULF BREEZE, FL 32561
4) Change			
Add			
5) Change			
Add			
Remove 6) Change			
Add			
Remove			

(Attac	ch additional sheets, if necessary). (Be specific)
N/A	
	· · · · · · · · · · · · · · · · · · ·
	·
. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
<u> </u>	(if not applicable, indicate N/A)
N/A	

	10/02/2024	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
10/0 Effective date if applicable:	2/2024	
Effective date <u>if applicable.</u>	(no more than 90 days after amendment file da	nte)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shar	reholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the afficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/02/2024		
Dated	Millandel	
Signature	pajer	
selected	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, of a fiduciary by that fiduciary)	
	MIKHAIL KRAVCHUK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	