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Division of Corporations

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Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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COR AMND/RESTATE/CORRECT OR O/D RESIGN M.L.8, CORP.

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: M.L.8, CORP.		
	UMBER: P24000022694		
	icles of Amendment and fee are s	abmitted for filing.	
Please return all c	orrespondence concerning this m	atter to the following:	
	ZINOVICH, ALIAKSAND	R	·
	Name of Contact Person		
	M.L.8, CORP.		
		Firm/ Company	
	1670 NE 191ST APT 114		
		Address	
	MIAMI, FL 33179		
		City/ State and Zip Code	t
SUN.ZINOVICH@GMAIL.		.COM	
	E-mail address: (to be u	ised for future annual report	notification)
For further inform	ation concerning this matter, ples		、218-297 6
Name of Contact Person		at (Area Co	218-2976 de & Daytime Telephone Number
	k for the following amount made		•
■ \$35 Filing Fe	e □\$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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment Articles of Incorporation of

FILED

2024 APR 16 AM 9: 41

M.L.8, CORP.			CUCA ALK	16 AM 9:41
P24000022694	of Corporation as currently	filed with the Flor	Ida Dept. of State)	SSEE, FLORIDA
	(Document Number of C			
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this <i>Fl</i>	orida Profu Corpoi	ration adopts the follow	ving amendment(s) to
A. If amending name, enter the new r	name of the corporation:			
				The new
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co". A p	mpany," or "incorp orofessional corpor	orated" or the abbrevio cation name must com	ation "Corp"
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				
(Planting duaress MAT DE A POST	OFFICE BUX	-		
			_ .	
D. If amending the registered agent an new registered agent and/or the ne		s in Florida, enter	the name of the	
Name of New Registered Agent	ZINOVICH, ALIAKSANDE	t		
THE TOTAL PROPERTY OF THE PARTY				_
	(Florida street	oddress)		_
New Registered Office Address:			, Florida	
		ity)	(Zi	p Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		h and accept the obt	ligations of the position	ı.
	Aliaksandı Zinovi Signature oj New Regi	ich		
<u></u>	Signature of New Regi	stered Agent, if cha	nging	
Charles and the control of the contr				

☐ 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)

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.

Example:

X Change	<u>PT</u>	<u>Iohn Doe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	ZINOVICH, ALEKSANDR	1670 NE 191ST APT 114
Add			MIAMI, FL 33179
X Remove			
2) Change	P	ZINOVICH, ALIAKSANDR	1670 NE 191ST APT 114
X Add			MIAMI, FL 33179
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
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Remove			
n Change			
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
. If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
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provisions for implementing the amen	idment if not contained in the amendment itself:

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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 fit	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The function be separately provided for each voting group entitled to vote separately on the ame "The number of votes cast for the amendment(s) was/were sufficient for approval by	endment(s): 724 APR
(voting group)	ASSET A
04/16/2024 Dated	₩ 9: 12
Signature Aliaksandr Zinovich	RIDA *
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	have not been ee, or other court
ZINOVICH, ALIAKSANDR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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