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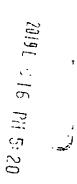
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-





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13/16/19-51/33-534 **77/33



R. WHITE
JAN 15 2020

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Interinstrument USA, inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elena Bakhilina Name of Contact Person 1/2 h
Interinstrument USA, inc
1126 Al Nachhale deile
Molly wood F1 33019 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elena Bakhiling at (186), 2418410 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact (Crown Purious
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

1.

to
Articles of Incorporation

Ar	rticles of Incorporation
Interinstrument	USA inc 2019[316 F" 5:20
	as currently filed with the Florida Dept. of State)
nol	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
NA	The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	VESS)
C. Enter new mailing address, if applicable:	. 10
(Mailing address MAY BE A POST OFFICE BOX)	NICI
D. If amending the registered agent and/or registered	d office address in Florida anti-the anni-of-the
new registered agent and/or the new registered of	
Name of New Registered Agent N A	
,	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:
Thereby accept the appointment as registered agent. To	om familiar with and accept the obligations of the position.
Signatu	re of New Registered Agent, if changing

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:

 $P \sim President; \ V = Vice \ President; \ F = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.$

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 PT John Doe X Remove V Mike Jones X Add SV Sally Smith Type of Action (Check One) 1) Change Director Viaches av Tourachev 1136 N Northlake Add Add	dr
X Add SV Sally Smith Type of Action Title Name Address	dr
Type of Action Title Name Address	dr.
	dr
1) _ change Director Viacheslav Touracha 1136 N Northlake	dr
Add Stollywood F/3	201
	50/9
2) Change	_
Add	-
Remove	-
Add	_
Remove	
4) Change	•
Add	
Remove	
51 Change	-
Add	-
Remove	
6) Change	-
Add	-
Remove	
Page 2 of 4	
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	

		
	-	
	<u> </u>	
	•	
if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
The date of each amendment(s) adoption:date this document was signed.	Page 3 of 4 12/10/2019	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	12/10/2019	
selec	direct reference of the fide of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Elena Bakhilina (Typed or printed name of person signing)	
	President	
	(Title of person signing)	