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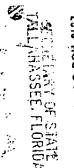
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GRAND AUTO G	ROUP, INC				
DOCUMENT NUMBE						
The enclosed <i>Articles o</i> j	f Amendment and fee are sub	omitted for filing.				
Please return all corresp	ondence concerning this mat	ter to the following:				
		ROMAN SHTEYMAN				
_	Name of Contact Person					
_		Firm/ Company				
	8060 NW 66 ST.					
_	Address					
	MIAMI, FL 33166					
_		City/ State and Zip Code				
		romandf@gmail.com				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
		at (	) de & Daytime Telephone Number			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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		Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

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FILED

GRAND AUTO GROUP, INC (Name of Corporation as currently filed with the Flor (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: 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

## 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>	John Do	<u>c</u>	
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	_	IRINA IVKINA	8060 NW 66 ST.
Add				MIAMI, FL 33166
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				- 144
Remove				
6) Change				
Add				
Remove				

attach additional sheets, if necessary).	(Be specific)			
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	<del></del>			<del>-</del>
an amendment provides for an exchorosisions for implementing the ame	ange, reclassification	<u>i, or cancellation o</u> red in the amendm	<u>t issued shares,</u> ent itself:	
			<u> </u>	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)		<del></del>		
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

Thè date of each amendment(s	adoption:	, if other than the
late this document was signed.	0.11.0.19.01.5	
U Effective date <u>if applicable</u> :	8/10/2015	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing red Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for sufficient for approval.	or the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the c	
"The number of votes of	ast for the amendment(s) was/were sufficient for approva	1
by		
, <del></del>	(voting group)	_
action was not required.	adopted by the board of directors without shareholder ac	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action	and shareholder
08/11/2 Dated	015	
Dated	10/00	
Signature		
(By	a director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trointed fiduciary by that fiduciary)	
	ROMAN SHTEYMAN	
	(Typed or printed name of person signing	)
	PRESIDENT	
	(Title of person signing)	