P110006 84899

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DEC 04 2017 T. LIEDANEUX



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION:	₹P		
	BER: P17000084899			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DIMITRI TODIKA			
		Name of Contact Person	1	
	DJC GROUP LLC			
		Firm/ Company		
	3113 S OCEAN DRIVE			
	- · · · · · · · · · · · · · · · · · · ·	Address		
	HALLANDALE, FL 33009			
		City/ State and Zip Code		
		City/ State and 7.11 Cited	-	
DTO	DIKA@GMAHCOM			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
DIMITRI TODIKA		786	838-1201	
Name of Contact Person		at (786 838-1201 Area Code & Daytime Telephone Number		
	1.28.	11		
finctosed is a check to	or the following amount made	payable to the Florida Depa	orthent of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		Certificate of Status	
Ma	iling Address		Address	
Am	endment Section		lment Section	
	ision of Corporations	Division of Corporations		
). Box 6327		Building Executive Center Circle	
l al.	lahassee, FL 32314	4001 to	Accurre Comer Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AUTO-SOLO CORP	Αl	Л	'n.	-St)L	ÒΙ	C	O	RΙ)
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(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P17000084899	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, that Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	· · · · · · · · · · · · · · · · · · ·
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 a new registered agent and/or the new registered office addr	ddress in Florida, enter the name of the ess:
Name of New Registered Agent	
	street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
Signature of Nev	w 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.

X Change	PŢ J <u>ohn</u>	Doe	
X Remove	<u>V</u> <u>Mik</u> q	2 Jones	
X Add	S <u>V</u> Sally	<u>/ Smith</u>	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) _ Change	P	YUSEFZADA, RAUF	
X Remove			
21 Change	P	MEHDIYEVA, DURRA	18401 COLLINS AVE
X Add			STE 102-120
Remove			SUNNY ISLES, FL 33160
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic	cles, enter change(s) here:		
(Attach additional sheets, if necessary).	(ве ѕресіне)		
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F. If an amendment provides for an excha	ange reclassification or ca	meellation of issued shar	AC.
provisions for implementing the amen	dment if not contained in	the amendment itself:	5.53
(if not applicable, indicate N/A)			
(,,),			
		· • · · · ·	
			
			——————————————————————————————————————
			

The date of each amendment(s) adoptate this document was signed.	otion:	, if other than the
Effective date if applicable:	tno more than 90 days after amendment	file date)
	mo more man 20 days after amenament	ine date)
Note: If the date inserted in this blo- locument's effective date on the Depa	ck does not meet the applicable statutory filing requirement 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 adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast fe cient for approval.	or the amendment(s)
	ved by the shareholders through voting groups. The seh voting group entitled to vote separately on the a	
"The number of votes east fo	the amendment(s) was/were sufficient for approval	I
by	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder act	ion and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action a	and shareholder
11/20/2017 Dated		
(By a dire selected,	etor, president or other officer—if directors or officeby an incorporator—if in the hands of a receiver, trulfiduciary by that fiduciary)	ters have not been
R	AUF YUSEFZADA	
	(Typed or printed name of person signing)	
p	RESIDENT	

(Title of person signing)