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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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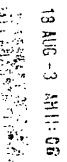
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of Corporations
NAME OF CORPORATION: DTEST AUTO IN Q.  DOCUMENT NUMBER: P180000 57-335
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DMMRI KARPOV  Name of Contact Person  DTEST AUTO INC  Firm/Company  PEMBROKE RD  Address  HOLYWOD FL 3302)  City/ State and Zip Code  DTEST AUTONC (B) BMAIL COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    DM   TREE   at ( + 286) 602 - 4656.     Name of Contact Person   Area Code & Daytime Telephone Number
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 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 Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301
TOPIT THE LIDA - DE TO A LARTINGO

I SENT THE WRONZ FORM LASTWEG.
TO YOU WITH THE FEES. I WANT TO
CHANG THE NAME OF THE DIRECTOR PRESIDENT
AND WANT THE NEW PRESIDENT SHOWING ON

## Articles of Amendment to Articles of Incorporation of

(Name of Corpo	oration as currently filed with the Florida Dept. of State)
D-TEST	AUTO INC. P18000057335
(D	Occument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:
	The new
	word "corporation," "company," or "incorporated" or the abbreviation  Corp," "Inc," or "Co". A professional corporation name must contain the  or the abbreviation "P.A."
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable:	HOLLYWOOD FL3302
(Mailing address MAY BE A POST OFFICE	E BOX)
D. If amending the registered agent and/or reg new registered agent and/or the new registe	gistered office address in Florida, enter the name of the ered office address:
Name of New Registered Agent	్ ప ె 
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Coxle)
New Registered Agent's Signature, if changing	
NEW PT	ent. I am familiar with and accept the obligations of the position.
(X	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 John D</u>	<u> </u>	
X Remove	V Mike J	l <u>ones</u>	
_X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	DMITRII KARPO	V 3989 PEMBROKE RD HOLLYWOOD FL 330
Add			HOUGHOOD FC 330
Remove			
2)Change	PT	SERGUEI FOR	
X Add	WANT	TO SHOW MR S	ERGUET PRESIDENT IE ELSE -
Remove	THEON	NLY NAME ON CORP	AS THE PRESIDENT
3 ) Change		NOUN	EE18E -
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
IF YOU HAVE ANY	
QUSTION PLEASE CONTACT	
ME AT (786) 602-70	650
WE REALLY NEED TH ASAP.	-13
THANK YOU VERY MUC	4
DIESTAUTONC @GMAIL.	Con
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself;  (if not applicable, indicate N/A)	

The date of each amendment(s) add	option:	7/28/	18, if other than the
date this document was signed.  Effective date if applicable:	7	128118	<del></del>
	(no more than 90 day)	s after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep		statutory filing requirements, this d	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholders. The numblicient for approval.	per of votes cast for the amendment	(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through vach voting group entitled to vote s		vent
"The number of votes cast for	or the amendment(s) was/were suff	icient for approval	
by			
,	(voting group)		
The amendment(s) was/were adoption was not required.	sted by the board of directors withou	out shareholder action and sharehold	ier
The amendment(s) was/were adop action was not required.	eted by the incorporators without sh	nareholder action and shareholder	
Dated	7/28/18/		
Signature	10/16 14/1		
dir dir	ector, president or other officer - i	f directors or officers have not been	l
selected, appointe	, by an incorporator – it in the hand d fiduciary by that fiduciary)	ls of a receiver, trustee, or other cou	ırt
.,	DMITE	U KARDO	/
_	(Typed or printed name	of person signing)	<del></del>
_	XP7	<del></del> .	
	(Title of per	son signing)	