P2300005114

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates J. HOF	s of Status
Special Instructions to	Filing OMCER.	\$ Antig
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: Fa mo	tors mian	ni Inc
DOCUMENT NUMBI	ER: P230000	05214	
The enclosed Articles o	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
-	OLEKSan	Name of Contact Person	in
_		Firm/ Company	
	500 three	Islands B	IV #317
_	Hallandale	Address Beach F	1 33009
_		City/ State and Zip Code	2
For further information	E-mail address: (to be us concerning this matter, pleas	ed for future annual report se call:	notification)
OLEKSan	de Fomin	at (786	te & Daytime Telephone Number
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

•	A Riches of Amendment	6 253
•	to Articles of Incorporation	
	of	
Fa motor	niam: The	بب ا
Fa motor r	ion as currently filed with the Flo	rida Dent of State)
P 23 00000521	discontant factoristic from the from	Tital Dipt. Vi State,
P 23 000005 21	4	
(Docum	ment Number of Corporation (if kno	own)
rsuant to the provisions of section 607.1006. Florida Articles of Incorporation:	a Statutes, this Florida Profit Corpo	oration adopts the following amendment(s
If amending name, enter the new name of the co	orporation:	
		The new
ime must be distinguishable and contain the word "c	corporation," "company," or "incor	
Inc.," or Co.," or the designation "Corp," "Inc. chartered." "professional association," or the abbro	" or "Co". A professional corp-	
Enter new principal office address, if applicable	e;	
rincipal office address <u>MUST BE A STREET AD</u>		
	· 	
F		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	
 If amending the registered agent and/or registered new registered agent and/or the new registered 		er the name of the
	VIII - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Name of New Registered Agent		
, , , , , , , , , , , , , , , , , , , 	(Florida street address)	· · ·
New Registered Office Address:		Florida
New Negistered (Mice Matress.	(City)	, 1 (01(da
	(City)	(Zīp Code)
ew Registered Agent's Signature, if changing Reg	zistered Agent:	
hereby accept the appointment as registered agent.		obligations of the position.
		
Sign	uature of New Registered Agent, if c	hanging
heck if applicable		
. ~ · · · · · · · · · · · · · · · · · ·		

☐ 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 Swith 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change		
Add Remove 2) Change Add Remove	Vadim Fomin	500 three Island's Blo # 317 Hallondale Beach Fl 3300;
3) Change		
Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add		
Remove		

Attach additional sheets, if necessary).	i <u>cles, enter change(s) here</u> : (Be specific)

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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(y not applicable, materie 1914)	

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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment	t file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing rec partment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors withou	ut shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for ficient for approval.	or the amendment(s)
"The number of votes cast	each voting group entitled to vote separately on the a for the amendment(s) was/were sufficient for approva	• •
by	(voting group)	
Dated Signature	3-08-2023	
(By a di selected	ector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	ers have not been astee, or other court
	OLEKSandy FT. (Typed or printed name of person signing)	omin
	(Title of person signing)	