P24000007585

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STAR DRIFT MO	OTORS INC	
DOCUMENT NUMBER: P24000007585		
The enclosed Articles of Amendment and fee are st	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
IULIIA KONONOVA		
	Name of Contact Person	1
JK ACCOUNTING GROUI	PCORP	
	Firm/ Company	
11347 SW 13 STREET		
	Address	
PEMBROKE PINES, FL 33	3025 	
	City/ State and Zip Code	2
JULIA@JKACCOUNTING	GROUP.COM	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	ase call:	
IULIIA KONONOVA	954 at (318-1505 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	artment of State:
■ \$35 Filing Fee	S43.75 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	Amend Divisio	Address Innent Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

STAR DRIFT MOTORS INC

(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P24000007585			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	210 SW 21ST TERRACE		
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33312		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	210 SW 21ST TERRACE		
(Malling dadress MAT BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33312		
D. If amending the registered agent and/or registered office ade new registered agent and/or the new registered office addres	<u>lress in Florida, enter the name of the</u> <u>s:</u>		
Name of New Registered Agent			
(Florida st	reet address)		
New Registered Office Address:	, Florida		
New Neglister en Office Flanciss.	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position. :		
Signature of New 1	Registered Agent, if changing		
Check 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)

Example:

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PSD	VOLODYMYR ABRAMOV	23369 TORRE CIR
Add			BOCA RATON, FL 33433
Remove 2) X Change	VPS	VADIM GEZHA	290 174TH STREET APT 619
Add			SUNNY ISLES BEACH, FL 33160
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sh</i>						
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The date of each amendment(s) adoption:date this document was signed.	05/21/2024	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date	2)
Note: If the date inserted in this block does not document's effective date on the Department of S	meet the applicable statutory filing requiremen	
	CCK ONE)	
The amendment(s) was/were adopted by the it action was not required.	ncorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		nendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The follows group entitled to vote separately on the amendme	
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
	ng groto)	
5/21/2024 Dated	1	
Signature(By a director, presid selected, by an incor appointed fiduciary be	ent or other officer – if directors or officers have porator – if in the hands of a receiver, trustee, or by that fiduciary)	not been other court
VOLODYM	YR ABRAMOV	
(1 PRESIDEN	yped or printed name of person signing)	
	itle of person signing)	<u> </u>