P05000037908

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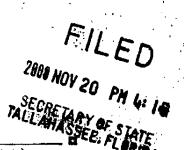
Amera MC Theresis 11-25-08

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TEAM AU	TO
DOCUMENT NUMBER: P05000037908	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
	IRIA C CASTILLO
(Name	of Contact Person)
(F	irm/ Company)
1730)-1790 SW 30th Ave (Address)
	oroke Park, FL 33009 State and Zip Code)
For further information concerning this matter	; please call:
(Name of Contact Person)	at (
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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

position.

Articles of Amendment to Articles of Incorporation of



TEAM AUTU	BROKERS, INC.	ASSEE, AS IAI
(Name of Corporation as currently		L of State)
P0500	00037908	
(Document Number	of Corporation (if known)	•
ursuant to the provisions of section 607.1006, Following amendment(s) to its Articles of Incorporation		Profit Corporation adopts the
. If amending name, enter the new name of the	corporation:	
EAM AUTO, INC.		
he new name must be distinguishable and incorporated" or the abbreviation "Corp.," "Incorporation name massociation," or the abbreviation "P.A."	c.," or Co.," or the design	nation "Corp," "Inc," or
Enter new principal office address, if applical	ble: 1730	-1790 SW 30th Ave
rincipal office address <u>MUST BE A STREET A</u>	,	oke Park, FL 33009
		•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	B <i>OX</i>) 1730	-1790 SW 30th Ave
	Pemb	roke Park, FL 33009
*		
o. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent:		rida, enter the name of the
New Registered Office Address:	(Florida street addre	<u> </u>
	(
		TT1 * 1
	(City)	, Florida (Zip Code)

Signature of New Registered Agent, if changing

emoved a	<u>nd title, name, and address of c</u> litional sheets, if necessary)	cach Officer and/or Director being	g added:
ittach aac	uttonat sneets, if necessary)		
<u>itle</u>	Name	Address	Type of Actio
			☐ Add
			Remove
•			□ Add □ Removc
	-		
			🗖 Add
			☐ Remove
	•		
If amer	ding or adding additional Arti	icles, enter change(s) here:	
(attach i	additional sheets, if necessary).	(Be specific)	
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. If an	amendment provides for an ex-	change, reclassification, or cancel endment if not contained in the ar	lation of issued shares,
<u>provi</u>	not applicable, indicate N/A)	EKAMENI N NOT CONTAINED IN 110 E.	HUHUMAN THANK
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			· · · · · · · · · · · · · · · · · · ·

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The date of each amendment(s) adoption: 10/27/2008					
Effective date if applicable:					
(no more than 90 days after amendm	ent file date)				
Adoption of Amendment(s) (CHECK ONE)					
The amendment(s) was/were adopted by the shareholders. The new by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)				
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vot					
"The number of votes cast for the amendment(s) was/were so	ifficient for approval				
by					
(voting group)					
The amendment(s) was/were adopted by the board of directors was not required.	ithout shareholder action and shareholder				
The amendment(s) was/were adopted by the incorporators without action was not required.	st-shareholder action and shareholder				
Dated 10/28 08					
Signature	, -				
(By a director, president or other officer- selected, by an incorporator - if in the ha appointed fiduciary by that fiduciary)					
······································	STILLO				
(Typed or printed name	of person signing)				
· ·					
PRESID					
(Title of person si	nning}				