## 706000129166

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PENINSULA MO	TORS INC.	
DOCUMENT NUM	BER: P06000128166		***
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	SOTERO DELGADO		
	<del></del>	Name of Contact Perso	on
	PENINSULA MOTORS INC		
		Firm/ Company	
	22201 S. DIVIE LIWY	Time Company	
	23301 S. DIXIE HWY.		
		Address	
	HOMESTEAD, FL.33032		
		City/ State and Zip Cod	de
	soledadcortes06@hotmail.co	ın	
	_	sed for future annual repor	t notification)
for further information	on concerning this matter, plea		506-7194
Name	of Contact Person	at (305 ) 506-7194  Area Code & Daytime Telephone Nur	
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	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		Street	t Address
An	nendment Section	Amendment Section	
Division of Corporations P.O. Box 6327			on of Corporations Tentre of Tallahassee
	Jahassee, FL 32314		N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PENINSULA MOTORS INC.			11
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	
P06000128166			107. 107.
	(Document Number	of Corporation (if known)	(E)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the fe	ollowing amendme
A. If amending name, enter the new n	ame of the corporation:		₹.
N/A			The new
"Inc.," or Co.," or the designation "Cahartered," "professional association,"	Torp," "Inc," or "Co". " or the abbreviation "P.A.	"company," or "incorporated" or the abb A professional corporation name must "	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>icable:</u> <u>OFFICE BOX</u> )	N/A	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	22201 COUTH MARKET		
	23301 SOUTH DIXIE H		
New Registered Office Address:	HOMESTEAD	treet address) 3	3032
		, Florida 3.	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		it:	sition.

Signature of New 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)

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	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>	Name	<u>Addres</u> s
1) Change	þ	Delgado Arriola, Guadalupe	23301 S. DIXIE HWY.
Add			HOMESTEAD, FL. 33032
X Remove			
2) Change	P	Delgado, Sotero	23301 S. DIXIE HWY.
X Add			HOMESTEAD, FL.33032
Remove 3 ) Change	VP	Delgado, Sotero	23301 S. DIXIE HWY.
Add			HOMESTEAD, FL. 33032
X Remove			
4) Change	VP	Delgado, Juanpablo	23301 S. DIXIE HWY.
X Add			HOMESTEAD, FL. 33032
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

	sheets, if necessary	r). (Be specific)			
ONE					
<del></del>	•				·
	<del></del>				
	<del>.</del>			<del></del> .	
	.5				<u>.</u>
	<del></del>	<del></del>			
If an amendment	provides for an e	xchange, reclassifi	cation, or cancella	ition of issued shar	es,
provisions for in	nplementing the a	mendment if not co	ontained in the ar	nendment itself:	
	rable, indicate N/A)				
A					

The date of each amendment(s) ado	N/A ption:	, if other than the
date this document was signed.  N/A  Effective date if applicable:		
Estective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloodocument's effective date on the Department	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
must be separately provided for ea	eved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):  In the amendment(s) was/were sufficient for approval	2022 JUL 11 2022 JUL 11
by	_**	影 声
	(voting group)	ZDZZ JUL II, ANIO: 23 ZDZZ JUL II, ANIO: 23
DatedSignature		ID: 23
(By a dire selected,	ctor, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	_
SO	OTERO DELGADO	
_	(Typed or printed name of person signing)	
PI	RESIDENT	
<del></del>	(Title of person signing)	