P140000 33541

(Re	equestor's Name)	
(Ad	ldress)	
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SECRETARY OF STATE

APR 0 1 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Marlins Au	tos
DOCUMENT NUMBER: P140000335	41
The enclosed Articles of Amendment and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following	owing:
Owin E. Villalo Name of C Marlins Autos Firm/ 1800 S. Orange Bloss A	Contact Person Company om Trail Suite B ddress
Orlando	FL 32805 and Zip Code
City/ State	and Zip Code
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Owin E. VIllalobos at	(<u>407</u>) <u>473 - 0841</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the	Florida Department of State:
Certificate of Status Certified	al copy is Certified Copy
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

Articles of Amendment to Articles of Incorporation of

Marlins Autos	lorida Dept. of State)	
(Name of Corporation as currently filed with the F	lorida Dept. of State)	3
P14000033541	lorida Dept. of State)	7
(Document Number of Corporation (i	f known)	Î
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment	75/
A. If amending name, enter the new name of the corporation:	,	
	N/A The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	1800 S. Orange Blossom Trail	
(Principal office address MUST BE A STREET ADDRESS)	Suite B	
	Orlando, FL 32805	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1800 S. Orange Blossom Truil	
	Suite B	
	Orlando, FL 32805	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
Name of New Registered AgentN	/A	
13548 Turtle	Marsh Loop apt. 413 eel address)	
New Registered Office Address: Orland (City)	, Florida <u>32837</u> (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar y	<u>:</u> with and accept the obligations of the position.	
M	1 _A	
Signature of New Registered A	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</u>	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		N/A	
Add			
Remove			4-4
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change	,	N /A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

amending or adding additional Artach additional sheets, if necessary).	(Be specific)	N/A		
		<u> </u>		
				
			· · · · · · · · · · · · · · · · · · ·	
				
an amendment provides for an exc	hange reclassifi	estion, or cancellat	ion of issued shar	·es.
an amendment provides for an exc rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not c	ontained in the amo	ndment itself:	<u></u>
(if not applicable, indicate N/A)				
		N/A		
•	- 	<u> IV / A</u>		
	1000	114		

date this document was signed.	, if other than the
03/24/2015	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03 24 2015	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	_
appointed fiduciary by that fiduciary)	
Owin E. Villalobos	
(Typed or printed name of person signing)	_
President (Title of person signing)	
(Title of person signing)	