

Oct 12, 2016 9:30AM
10/11/2016

No: 2391 P. 1

P1400035011

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000250922 3)))



H160002509223ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

Amel
OCT 13 2016
R. WHITE

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN MARLINS AUTOS INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

16 OCT 12 AM 10:09



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 OCT 12 AM 8:48

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

16 OCT 12 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
MARLINS AUTOS INC**

Florida document number: P14000033541.

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Article I

A. If amending name, enter the new name of the corporation:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

Article II

B. Enter new principal offices address, if applicable:

C. Enter new mailing address, if applicable:

D. _____

Article IV

E. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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.

Title	Name	Address	Type of Action
P	VILLALOBOS, OWIN E	13814 OSPREY NEST LN APT 38	REMOVE <input checked="" type="checkbox"/>
		ORLANDO, FL 32837	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
VP	CORREA, HAMILTON JOSE JR	14037 FAIRWAY ISLAND DR	REMOVE <input checked="" type="checkbox"/>
		ORLANDO, FL 32837	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
P	LEITE ANTUNES, DANIELE C	RUA SERGIO CAMARGO #123 BL 1/202	REMOVE <input type="checkbox"/>
		JACAREPAGUA RJ, 22775-052	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
VP	SANCHES, DANIEL	AVENIDA LUCIO COSTA 400 #205	REMOVE <input type="checkbox"/>
		RIO DE JANEIRO 22630-11 BR	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
D	VILLALOBOS, OWIN E	13548 TURTLE MARSH LOOP #413	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32837	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
C	RENOVO NEGOCIOS IMOBILIARIOS LTDA ME	AV EMBAIXADOR ABELARDO BUENO N. 1 SALA 508	REMOVE <input type="checkbox"/>
		RIO DE JANEIRO, RJ 22630-11	ADD <input checked="" type="checkbox"/>

E. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED 10/10, 16.



Signature of a member or authorized representative of a member

OWIN VILLALOBOAS

Typed or printed name of signee