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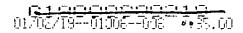
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 2 extreme auto sa	ales inc.	
DOCUMENT NUMB	ER: P12000006053		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Cesarina Hasset		
-		Name of Contact Person	п
	2 extreme autosales		
-		Firm/ Company	
	4470 south orange blossor	· ·	
-		Address	
	kissimmee, fl, 34746		
-		City/ State and Zip Cod	e
extrer	meautosales@hotmail.com	1	
	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Cesarina Hasset		at (de & Daytime Telephone Number
Name o	f 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	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2 extreme autosales Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P12000006053	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Articles</i> of Incorporation:	forida 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, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TILL TO SHAPE
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	a address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	
Signature of New Re	gistered 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)	Title	Name	<u>Addres</u> s
1) Change	VP	CESARINA HASSET	1729 GOLFVIEW DRIVE
Add			KISSIMMEE, FL , 34746
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	 -		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 -	<u>-</u>	
Add			
Remove			

. If a	mending or adding additional Articles, enter change(s) here:
	nch additional sheets, if necessary). (Be specific)
<u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>pr</u>	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	13/12/18	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this ce Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment re sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following states of for each voting group entitled to vote separately on the amendment(s):	neni
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
13/12/ Dated	2018	
Signature	Filling 2/6/med	
(B se	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	
	EDWIN DE LA ROSA	
	(Typed or printed name of person signing)	
	PRESIDENT OF 2 EXTREME AUTOSALES	
	(Title of person signing)	