410704

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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COVER LETTER ~

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	INC.				
document number:					
The enclosed Articles of Amendment and fee are submi	tted for filing.				
Please return all correspondence concerning this matter	· ·				
ANDREW H ACCETTURO					
TUGGLE MOTORS, INC	Name of Contact Person				
	Firm/ Company				
5329 LAS POSITAS CIRCLE					
STOCKTON, CA 95212	Address				
	City/ State and Zip Code				
collateralinsurance@msn.com					
E-mail address: (to be used f	for future annual report notification)				
For further information concerning this matter, please ca	ւկ։				
ANDREW H ACCEITURO	209 931-3552 at ()				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:				
Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\int \frac{1}{3}\$52.50 Filing Fee Certificate of Status 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

Articles of Incorporation of

TUGGLE MOTORS INC.				
410704	of Corporation as curre	ntly filed with the Flor	ida Dept, of State)	
	(Document Number	of Corporation (if know	wn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corpo	ration adopts the fol	llowing amendment(s) to
A. If amending name, enter the new na N/A	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional		
	N/A	'	福昌州	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				SSE OF E
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	N/A		2:57	
D. If amending the registered agent ar new registered agent and/or the ne	w registered office addre		the name of the	
Name of New Registered Agent	N/A			
	(Florida	street address)		<u></u>
New Registered Office Address:	N/A		, Florida	
New negistered Office radiress.		(City)	, 1 101144	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.		<u>nt:</u>	bligations of the post	
	Signature of New	Registered Agent, if ch	anoina	

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.

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	<u>Name</u>	<u>Addres</u> s	
X Change	PD	ANDREW H ACCETTURO	5329 LAS POSITAS CIRCLE	
Add			STOCKTON, CA 95212	
Remove				
2) Change	ST	MICHAELACCETTURO	6824 SW 16 COURT	
X Add			PEMBROKE PINES, FL 33023	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Add				
Remove				

Be specific)
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ge, reclassification, or cancellation of issued shares,
nent if not contained in the amendment itself:

date this document was signed.	N/A
Effective date if applicable:	
	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the ne Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
OCTO	DBER 14, 2015
Dated	
Signature _	oun and
se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	ANDREW H ACCETTURO
	(Typed or printed name of person signing)
	PRESIDENT/DIRECTOR
	(Title of person signing)