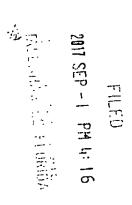


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C. GOLDEN SEP - 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Special Interest	Auto Sales,Inc
DOCUMENT NUMBER: VI1008998/2	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Pattricia D. Kitchen	
Special Interest Auto Sale	Name of Contact Person is ,Inc.
1030 S. Amelia Avenuc	Firm/ Company
Deland, Florida 32724	Address
tkitchen509@gmail.com	City/ State and Zip Code
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	lease call:
Pattricia D. Kitchen	at () <u>804_0474</u>
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
□ \$35 Filing Fee	
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

FILED

2817 SEP - 1 PM 4: 16

SPECIAL INTEREST AUTO SALES, INC.

(Name of	f Corporati	ion as currently f	iled with the Florid	a Dept. of State)	AMAGSEL, FLORIDA
	II.	515842		1883 13 8	
	(Docum	nent Number of C	orporation (if known	1)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:		a Statutes, this Flo	orida Profit Corpora	ation adopts the follo	owing amendment(s) to
A. If amending name, enter the new nag	me of the co	orporation:			
	11				The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	ttion Corp	o," "Inc." or "Co	". A professional c	incorporated" or the corporation name m	ae abbreviation
B. Enter new principal office address, if	 <u>f applicable</u>	<u>e:</u>	·		
(Principal office address <u>MUST BE A ST</u>					
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	OFFICE BO				
new registered agent and/or the new			<u> </u>	ne name of the	
Name of New Registered Agent	Pattricia D	. Kitchen			
	620 Hamilt	on Avenue			_
	 	(Florida street	address)		
New Registered Office Address:	Orang <mark>e</mark> City	y		. Florida 3270	53
		(C)	ity)		(Xip Code)
New Registered Agent's Signature, if ch			h and awant the obl	inations of the positi	îzan
I hereby accept the appointment as registe	rea agent.	i am juminar wiii	в ини ассерь те осн	iganous oj ine positi	vm.
Dalla	ni -	A. Kitch	15		
	Sig - 	nature offNew Reg	istered Agent, if cha	nging	

address of each Officer and/or D (Attach additional sheets, if necess Please note the officer/director titl P = President; V= Vice President Executive Officer; CFO = Chief I held, President, Treasurer, Director Changes should be noted in the fo	Pirector being added: Sary) The by the first letter of the office title: The Treasurer: S= Secretary: D= Direct Financial Officer. If an officer/director has or would be PTD. The word of the Common series of the Van The proporation. Sally Smith is named the Van	tor; TR= Trustee; C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office sted as the PST and Mike Jones is listed as the V. There is d S. These should be noted as John Doc, PT as a Change,
X Change PT	John Doe	
\underline{X} Remove \underline{V}	Mike Jones	
\underline{X} Add \underline{SV}	Sally Smith	
Type of Action Title (Check One)	Name 	Address
1) x Change P	Charles B. Kitchen	620 Hamilton Avenue
Add		Orange City ,Florida 32763
Remove		
2) X Change V	Pauricia D. Kitchen	620 Hamilton Avenue
Add		Orange City, Florida 32763
Remove		
3) Change		
Add		
Remove		· · · · · · · · · · · · · · · · · · ·
4) Change	_	
Add		
Remove		
5) Change		
Add		
Remove		
O. Characa		
6) Change		
Add Remove		

. If amending or adding additional Articl	 es, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
	\
. If an amendment provides for an excha	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	United to the university waster
· · · · · · · · · · · · · · · · · · ·	

	.	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no	more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not me ment of State	eet the applicable statutory filing requirements, this date will not be listed as the 's records.
Adoption of Amendment(s)	(<u>CHECK</u>	(ONE)
■ The amendment(s) was/were adopted by the shareholders was/were suffici		holders. The number of votes east for the amendment(s) val.
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shar h voting grou	reholders through voting groups. The following statement p entitled to vote separately on the amendment(s):
"The number of votes cast for t	the amendmer	nt(s) was/were sufficient for approval
by	<u> </u>	<u> </u>
	tvoting g	roup)
☐ The amendment(s) was/were adopted action was not required.	J by the board	f of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incor	porators without shareholder action and shareholder
08-29-17 Dated		
selected, by	y an incolipora	or other officer – if directors or officers have not been ator – if in the hands of a receiver, trustee, or other court
appointed i	fiduciary by ti	nai fiduciaryi
Pau	tricia D. Kitcl	
	(Type	ed or printed name of person signing)
Vic	ee-Presid e nt	
	- 	(Title of person signing)