H33523

Office Use Only



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COVER LETTER

Division of Corporations NAME OF CORPORATION: Atlantic A JTO Sales INC. DOCUMENT NUMBER: <u>H33523</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John Wilbur Argan JA. Atlantic Auto Sales Inc.
Firm/ Company
6000 Broadway
Address West Pala Beach Florida 33407
City State and Zin Code E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

ATLANTIC AUTO	Sales	IK.	2019 MT 27 PM 4:58
(<u>Name of Cor</u>	poration as cui	rently filed with	the Florida Dept. of State)
H33523		<u> </u>	
(Document Num	ber of Corporatio	n (if known)
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes	. this <i>Florida Pro</i>	fit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporatio	<u>n:</u>	
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc."	or "Co" 4 pro	Thenew ny," or "incorporated" or the abbreviation fessional corporation name must contain the
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)	licable: TADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>(E BOX</u>)		
D. If amending the registered agent and/or renew registered agent and/or the new regis	gistered office tered office add	address in Floric Iress:	la. enter the name of the
Name of New Registered Agent			
	(Floria	la street address)	
New Registered Office Address:			PD 14
		tCity)	, Florida (Zip Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered ag	g Registered As ent. I am famil	gent: liar with and acce	nt the obligations of the position.
	Signature of N	ew Registered Age	ent. 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.

Mike Jones, v as Remov	e, and Sa	lly Smith, SV as an Add.	•
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		RoberT Budone	309 Lake Cincle #203
X_ Add			Nouth Paly Beach
Remove			Florida 33408
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	_	-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dditional Articl if necessary).	(Be specific)			
					
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	for an exchan	ge, reclassificat	ion, or cancellatio	n of issued shar	es.
an amendment provides	ing the amenda	mant if not nont		dmont itself.	
provisions for implement		ment ir not cont	ained in the amer	ioment asen:	
an amendment provides provisions for implement (if not applicable, indi	icate N/A)	ment i <u>r not cont</u>	ained in the amer	ioment asen:	
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provisions for implement	icate N/A)	ment if not come	ained in the amer	oment usen:	
an amendment provides provisions for implement (if not applicable, indi	icate N/A)	ment if not come	ained in the amer	oment usen:	

The date of each amendment(s) adoption:date this document was signed.	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 does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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)	
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.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if if the hands of a receiver, trustee, or other court appointed tiduciary by that fiduciary)	-
(Typed or printed name of person signing)	
(Title of person signing)	

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