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COVER	LETTER.
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TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Carlson Automotiv	ve LLC	
	ИВЕR:		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Allen J. Carlson		
		Name of Contact Person	
		Firm/ Company	
	228 Bettywood Circle		
		Address	
	Crawfordville, Florida 32327	1	
		City/ State and Zip Code	
carl	sonallen884@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Allen J. Carlson		at (850	_) 545-2808
Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amendi Divisio Cliffon	Address ment Section n of Corporations Building
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of

d with the Florida Dept. of State) Foration (if known) Ida Profit Corporation adopts the following	ing amendment(s) to
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da Profit Corporation adopts the followi	ing amendment(s) to
	ing amendment(s) to
	The new
	abbreviation
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<u> </u>	
8 Bettywood Circle	± 0
	59
Florida, enter the name of the	
dress)	_
Florida 32327	
	8 Bettywood Circle awfordville, Florida 32327

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> <u>Je</u>	ohn Doc	
X Remove	<u>v</u> <u>w</u>	like Jones	
_X Add	<u>SV</u> S:	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	AMBR	Marc Catalano	11935 SW 15th Ct
Add			Davie. FL 33325
X Remove			
2) X Change	AMBR	Allen J. Carlson	228 Bettywood Circle
Add			Crawfordville, FL 32327
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		*	
Remove			

•	(Be specific)
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the amo	endment if not contained in the amendment itself:
provisions for implementing the amo	endment if not contained in the amendment itself:
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provisions for implementing the amo	endment if not contained in the amendment itself:
provisions for implementing the amo	endment if not contained in the amendment itself:

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	ctober 23, 2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	, , , , , , , , , , , , , , , , , , , ,	
, <u> </u>	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/23/20 Dated	19	
Signature	W/M/L	
(By a selec	a director, president or other officer – if directors or officers have not be red, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Allen Carlson	
	(Typed or printed name of person signing)	
	AMBR	
	(Title of person signing)	