m38481

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(O-posted New York)
(Document Number)
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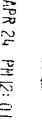
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SECRETILLY OF STATE TALLAHASSEE, FL



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Auto Indulgences,	Inc.	<u> </u>	
DOCUMENT NUM	M20401			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Michael Dixon			
		Name of Contact Persor	1	
	Auto Indulgences, Inc.			
		Firm/ Company		
	6015 Hollywood Blvd			
		Address		
	Hollywood, Fl 33024			
		City/ State and Zip Code	e	
	Hifimike@audiologic.net			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Michael Dixon		954 at (437-0400	20 SE
Name	of Contact Person		de & Daytime Telephone Number	- 750 731
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	IPR 21 ETAIL LATINA
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	PILLAHASSEE, FL
	iling Address endment Section		Address Iment Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)	
M38481		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corporation:		
N/A	The	пеж
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEGRETALLAH	2023 APR 21
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	APR 24 PH 12: 0
Name of New Registered Agent	, щ	
(Florida stree	et address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		
Signature of New Reg	gistered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Secretar	Judith A. Dixon	6015 Hollywood Blvd. Hollywood.
X Add			
Remove			
2) Change			S 2023
Add			SECRETI
Remove 3) Change			TANK
Add			PN 12: 01 SSEE STAT
Remove			FL CO
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself:	# # #	=
(if not applicable, indicate N/A)	P S Table	7: 1
N/A	L AI	
		_
		_
		_
		_

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
*	(no more than 90 days after amendment file date,)
Note: If the date inserted in this blod document's effective date on the Department	ck does not meet the applicable statutory filing requirement artment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amicient for approval.	endment(s)
	oved by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendment	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
selected,	ctor, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or a fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
_	PRESIDENT.	
	(Title of person signing)	

2023 APR 24 PH 12: 01 SECRETARY OF STATE TALLAHASSEE, FL