N16000001971

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
. (Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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^f **TO:** Amendment Section Division of Corporations

Community Overdri NAME OF CORPORATION:	ve Auto Sales, Inc		
N16000001971			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Amanda Craig			
	(Name of Contact Pe	rson)	
Community Overdrive Auto Sales, Inc		ζ	
	(Firm/ Company)	
1516 N Main St			
	(Address)		
Gainesville, FL 32601			
	(City/ State and Zip C	Code)	
communityoverdrive@gmail.com			
E-mail address: (to be used	for future annual repo	ort notification)
For further information concerning this matter, please	call:		
Amanda Craig	at	352	374-1998
(Name of Contact Person)	aı	(Arca Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of S	tate:
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy is sed)
Mailing Address Amendment Section		et Address endment Section	nn

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Community Overdrive Auto Sales, Inc					
(Name of Corporation	as currently filed with the Florid	a Dept. of State)			
N16000001971					
(Docum	ent Number of Corporation (if kno	wn)			
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following			
A. If amending name, enter the new name of the	corporation:				
N/A		The new			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	.	or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applical	N/A				
(Principal office address MUST BE A STREET A					
		ic. 70			
C. Enternance mailing address if amplicables		<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX) N/A				
	- <u>-</u>				
D. If amending the registered agent and/or registered agent and/or the new registered		nter the name of the			
	Amanda Craig				
Name of New Registered Agent:	Amanda Craig				
	18A SW 2nd Ave				
N P d Office Address	(Florida street address)				
New Registered Office Address:	O.: 'N-	22601			
	Gainesville	, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	t. I am familiar with and accept th				
	Signature of New Register	red Agent, 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.

Example: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Jason Z Bowman	18 SW 2nd Ave
Add			Gainesville, FL 32601
X Remove			
2) Change	S	Detroit Davis	6727 SW 44th Ave
Add			Gainesville, FL 32608
X Remove			***************************************
3) X Change	P	Amanda Craig	18A SW 2nd Ave
Add			Gainesville, FL 32601
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add	•		
Remove			<u></u>

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessary).	(Be specific)			
N/A				
N/A	····			
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	03/15/2016	
The date of each amendment(s) ad	option:	, if other than the
ate this document was signed.		
Effective date if applicable:		
meente date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) l.	
There are no members or memb adopted by the board of directo	pers entitled to vote on the amendment(s). The amendment(s) was/were ars.	
03/28/2016 Dated		
Signature		_
	man or vice charman of the board, president or other officer-if directors	
	en selected, by an incorporator – if in the hands of a receiver, trustee, or	
other court a	appointed fiduciary by that fiduciary)	
Amanda	Craig	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	