PCOCCCC 13557

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: Auto DOCUMENT NUMBER: POOC	SenSation FAC.
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Bhond 370 C Blanch E-mail address: (to b	Name of Contact Person Name of Contact Person Lanchette Firm/ Company Lanchette Firm/ Company Lanchette Starter Company Address Ratur FL 33432 City/ State and Zip Code Settle Delder atternatives. Com The used for future annual report notification)
For further information concerning this matter, p Rame of Confact Person	olease call: 2He at (561) 304-0354 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	nde payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation
AutoSpration Inc.: -= 1"12:47
(Name of Corporation as currently filed with the Florida Dept. of State)
P0000013887
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "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) 5 ane
· ————————————————————————————————————
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent \ \frac{\sqrt{a}}{\sqrt{a}}
(Florida street 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 with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Signature of New Registered 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.

X Change	PT John I)oc	
X Remove	<u>V</u> <u>Mike</u> .	lones	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSTDO	Rhonda Blanchette	370 Cumino Gardens Blud 201-E Bour Raton Fr 33432
Add			201-E
Remove			Boun KATON FL 33432
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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an amendment pro	vides for an exchange, re	eclassification, or o	cancellation of issue	ed shares,	
rovisions for impler	nenting the amendment	if not contained in	n the amendment it	<u>self:</u>	
(if not applicable,	indicate N/A)				
	NIA				
					
					

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The date of each amendment(s) ad late this document was signed.	option: 1-1-2017	, if other than the
Effective date <u>if applicable</u> :	1-1-2019	
mappingon.	(no more than 90 days after amendment file do	ite)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirem partment of State's records.	ients, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shar	reholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were sul	oted by the shareholders. The number of votes east for the afficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	
"The number of votes east i	or the amendment(s) was/were sufficient for approval	
by DAVID Blo	volinggroup)	
Dated3	15/2021 1	
Signature	De O Bhuth	
(By a dir selected	rector, president or other officer – if directors or officers has, by an incorporator – if in the hands of a receiver, trustee, old fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
	President Secretary	1. Treesurer +