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DR 5/18/15

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Latino Motor Cars, IN C. DOCUMENT NUMBER: P01000028054					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Marixza y. Garcia Name of Contact Person Latino Motor Cars, INC Firm/Company 95 Dewey Johnson way Address Grefna FL 32332 City/State and Zip Code Yanira marixza @ yahoo. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: 850 875 9529					
Many 2a Garga at (850) 933-1714 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment

to Articles of Incorporation FILED'

	Articles of Incorporation	^T	
1 1 - 1 - 1	of	2015 HAY 13 PH 4: 07	
Latino Motor	Cars, INC	314Pp (A)	
(<u>Name of Corp</u>	oration as currently filed with	the Florida Deptrof States LORID	A •
(D	Pocument Number of Corporation	n (if known)	
suant to the provisions of section 607.1006, F Articles of Incorporation:	lorida Statutes, this Florida Prof	fit Corporation adopts the following	amendmen
If amending name, enter the new name of t	he corporation:		
		,	The new
ne must be distinguishable and contain the orp" "Inc.," or Co.," or the designation " d "chartered," "professional association," o	Corp," "Inc," or "Co". A pro	ny," or "incorporated" or the abl fessional corporation name must co	previation ontain the
Enter new principal office address, if appli	cable:		
incipal office address <u>MUST BE A STREET</u>	'ADDRESS')		
			<u> </u>
Enter new mailing address, if applicable:	• ;	j j	
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)		
			
If amending the registered agent and/or re- new registered agent and/or the new regist	<u>gistered office address in Floric</u> ered office address:	da, enter the name of the	
	ered office address.		
Name of New Registered Agent			
	(Florida street address)		
		, Florida(Zip Co	

Signature of New Registered 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 <math>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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	•
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P Teodulo Garcia	57 Dewey Johnson was Gretna, FL 32332
Add		
2) Change	V Marizza Garcia	57 Dewey Johnson was Gretna / FL 32332
Add	· ·	GRINA 1 7 D 3000
3) Change Add		
Remove		
4) Change		
Remove		
5) Change Add		
Remove		•
6) Change Add		
Remove		

lease	change	the tit	le 0-	f Mar	ixro Ga	ràa
\\	ice - presid	Ten -				
please to p	change resident	the -	title it	of was	Teodulo on t	Gar
ear						

<u> </u>		,				
						
provisions fo	nent provides for an expression implementing the applicable. indicate N/A)	mendment if not cor	ntion, or cancell ntained in the ar	ation of issued s mendment itself:	hares,	
-	**************************************			·		
	·········					

The date of each amendment(s) adoption: date this document was signed.	April	17	15		_, if other than the
Effective date if applicable:	April	17/1	5		
	(no more that	n 90 da y s afi	er amendment f	ìle date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the app of State's records	olicable statu	utory filing requ	irements, this date will	not be listed as the
Adoption of Amendment(s)	CHECK ONE)				•
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for		The number	of votes cast for	the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vot					•
"The number of votes cast for the ar	mendment(s) was/v	were sufficie	nt for approval		
by			·	•	
((voting group)		,		
☐ The amendment(s) was/were adopted by a action was not required.	the board of directo	ors without s	shareholder actio	on and shareholder	
The amendment(s) was/were adopted by taction was not required.	the incorporators v	vithout share	holder action ar	d shareholder	
Dated <u>05 - 10</u>	-15				
Dated <u> 05 – 10</u> Signature <u> </u>	ity Ma	nur			
(By a director, p	resident or other o	ıfficer – if di			
	incorporator – if in iary by that fiducia		f a receiver, trus	itee, or other court	
· <u>M</u>	lar 1xza	Garci	6		
	(Typed or print	ed name of p	person signing)		
]	ice-pre	siden	<i>t</i>		
'	/ (Tit	tle of person	signing)		