

P01000103861

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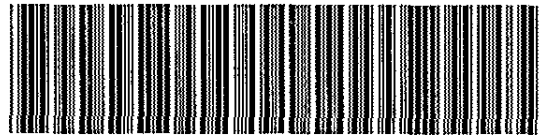
(Business Entity Name)

(Document Number)

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04 MAY -6 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

5/18/04
2004
[Handwritten signature]

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

FILED
04 MAY -6 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: AUTTOZ III INC

DOCUMENT NUMBER: P 01000103861

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDITH SHEA

(Name of Person)

(Name of Firm/ Company)

P.O. Box 573

(Address)

Old Lyme Ct 06010

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

561-252-0181

561-844-8092

JUDITH SHEA

(Name of Person)

at (860) 434-7197

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

43.75

☐ \$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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 MAY -6 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUTTOZ, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

P01000103861
(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

AUTTOZ, INC.
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

CHANGE ADDRESS OF
JUDITH SHEA
PO BOX 513
OLD LYME CT 06371

(Attach additional pages if necessary)

If an amendment provides for 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)

The date of each amendment(s) adoption: MAY 03 - 2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 3rd day of MAY, 2004

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JUDITH SHEA

(Typed or printed name of person signing)

PRESIDENT/TREASURER

(Title of person signing)

FILING FEE: \$35