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COVER LETTER

TO: Amendment Section Division of Corpora	ations				
•	TION: SPU	de Asso	Sales	Two.	
NAME OF CORPORA	TION:	/		, , , , , ,	
DOCUMENT NUMBE	r: <u>Pojooo</u> c	18084			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this mat	tter to the following:			
_	Vladimin	Name of Contact Pers	er		_
	1	Name of Contact Pers	on \	7	
_	S8/02/S	S AUTO	22/08	anc_	
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1	E-mail address: (to be us	sed for future annual repo	rt notification)		
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For further information of	concerning this matter, pleas	se call:		,	
Vladimia	G=nzala	at (SOSArea C	, 401	74 69	
	Contact Person	Area C	Code & Daytime	e Telephone Numb	er
Enclosed is a check for t	he following amount made				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		te of Status Copy nal Copy	,
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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment
Articles of Incorporation 20/6
of JUN 12
Articles of Amendment to Articles of Incorporation Of Of Of ON OF OF OF OF OF OF OF OF OF
P0200002084
(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:
Solva's Auto Soiles 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) Whit 102 Healley Flo 33178
W 11 7/ 22128
Mentley 1/3 33/70
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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 Vadimil Consoler
20861 Johson ST STR 115
(Florida street address)
New Registered Office Address: Pensonia Pine, Florida 33029
(City) (Zip Code)
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

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	PT John I)oe	
X Remove	<u>V</u> <u>Mike J</u>	lones .	
<u>X</u> Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	P	Mayklin Tornes	Medley, Fla 33018
Add			Medley Fla 33018
X Remove			
2) Change	P	Vladimie Consaler	
X Add			5th 115
Remove	. —		Pen more Pires 710 33009
3) Change	VP_	GUSTAVO Colino-	9630 S. River DR
Add			Bay F
Remove			Medley, Flo 33166
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/a	
	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
fiding a diagram of the first and a #1/#1	
(if not applicable, indicate N/A)	
D/A	
D/A	
N/A	
N/A	
N/A	
D/A	
NA	
NA	
NA	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"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.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated 4/1/20/6	
Signature Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Marin Garaller	<u>.</u>
(Typed or printed name of person signing)	
(Title of person signing)	