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COVER LETTER

TO: Amendment Section **Division of Corporations**

·	
NAME OF CORPORATION: Stans	Premium Cars Unlimited Inc
DOCUMENT NUMBER: PO 20000	40443
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Stans Premium 1610 Leesburg,	Name of Contact Person Cars Unlimited Inc Firm/Company US Hwy 441 Address Fla 34748 City/State and Zip Code ars @aol. com ed for future annual report notification)
E-mail address: (to be us For further information concerning this matter, pleas	
	at (352) 787-7826 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$643.75 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of	r
Stans Premium Cars Un	limited Inc
(Name of Corporation as currently f	
PO20000 4.	0443
(Document Number of C	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered." "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NÍA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	NA
(Florida street	address)
New Registered Office Address: (Ci	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
N/A Signature of New Regi	SLUCKE TARY OF STALLAHASSEE, FLO

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	<u>PT</u>	John D	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	YP	_	Ryan Keith Langston	1610 US Hwy 441 Leesburg FL 34748
Add				Leesburg FL 34 143
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

Mach additional sheets, if necessary).	cles, enter change(s) (Be specific)	N/A	
	•		
			
			
		.	
			
an amendment provides for an exch	ange, reclassification.	, or cancellation of issued shares,	
rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contain	ed in the amendment itself:	11.
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лу пов аррисаоне, тансате 187А)		'	
ду погаррисаоне, тансате 187А)			
ду погаррисате, такае пул)			

8-11-17
The date of each amendment(s) adoption:
Effective date if applicable: 8-11-17
(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, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted 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)
(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.
Dated 8-11-17
Signature Colo Citical
(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)
Stanley M. Gause (Typed or printed name of person signing)
<u>President</u>
(Title of person signing)
LYNETTE G. JOHNSTON MY COMMISSION & FF 917185 EXPIRES: October 14, 2019 Bornoed Thru Motary Public Uniserpriters 8-11-17 Synctry of Johnston person any known to me