## P02000040443

(Req	uestor's Name)	1
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PICK-UP	WAIT	MAIL MAIL
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SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Stan's Premium Cars Unlimited Inc. DOCUMENT NUMBER: <u>P02000040443</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stan's Premium Cars Unlimited Inc 1610 US Hwy 441 Leesburg Fra 34748
City/ State and Zip Code Stanspremium cars @ aol. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 352) 516 - 8981 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation

of

Stan's Premium Ca	ars Unlim, ted In	L C		
		i. or state)		
Po 20 0 0 0 (Docume	nt Number of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation as	dopts the following	gamendment(	s) to
A. If amending name, enter the new name of the cor	peration: N/A		The new	
name must be distinguishable and contain the word "cor" lnc.," or Co.," or the designation "Corp," "lnc," "chartered," "professional association," or the abbrev.	or "Co". A professional corporation n		n "Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>₹ESS</u> ) ~/A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A			
D. If amending the registered agent and/or registere new registered agent and/or the new registered or		me of the		
Name of New Registered Agent		<del></del>		
	(Florida street address)	•		
New Registered Office Address:		_, Florida		
	(City)	(Zip C	ode)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept the obligation	s of the position.		
NA		SEC	202	
Signat	ure of New Registered Agent, if changing	No.	¥ SEP	?]
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (11) (e), F.S.	ARY OF ST HASSEE, F	23 PH 2	三 フ

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>РТ</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	$\Delta$	_ Tara Gayse	1610 USHWY 441 Leesburg Fra 34748
_ <b>X_</b> Add			Leesburg Fra 34748
Remove			
2)Change			
Add			
Remove Change		Ryan Keith Langston	
Add		J	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	<del></del>
Add			
Remove			2024 SEP 23 PH : SEC METARY OF S TALLAHASSEE.
			AT TO
			ASS
			SEE'S TO

Attach additional sheets, if necessary). (Be specific)	N/A		
		····	
<del></del>			_
If an amendment provides for an exchange, reclassification, or camprovisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	cellation of issued shares, the amendment itself:		
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provisions for implementing the amendment if not contained in th	cellation of issued shares, te amendment itself:	SEORG ARY OF STATE	

The date of each amendment(s) adopt date this document was signed.	tion: 9-16-24	, if other than the
and this document was signed.	0 0 4	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no mine man 99 uass after amenament fite aute)	
<b>Sote:</b> If the date inserted in this block locument's effective date on the Depart	c does not meet the applicable statutory filing requirements, the timent of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes east for the amendatient for approval.	ment(s)
	ed by the shareholders through voting groups. The following st h voting group entitled to vote separately on the amendment(s).	
	the amendment(s) was/were sufficient for approval	
	· · · · · · · · · · · · · · · · · · ·	
	the amendment(s) was/were sufficient for approval	
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by	(voting group)  W - 2 4  AM QUAL	
DatedSignature (By a director selected by	· · · · · · · · · · · · · · · · · · ·	been r court