702000077374

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NECRETARY OF STATE
A TAMASSEE FLORID

JUL 13 2014 C. CARROTHERS

COVER LETTER

Division of Corporations NAME OF CORPORATION: ___ SIMON AUTO & TRUCK SALES, INC. DOCUMENT NUMBER: P02000077376 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AKHNOUKH AKHNOUKH Name of Contact Person Firm/ Company 2986 SHANNON CIR Address PALM HARBOR, FL 34684 City/ State and Zip Code ADELAKHNOUKH@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AKHNOUKH AKHNOUKH at (727 Area Code & Daytime Telephone Number Name of Contact Person 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

SIMON AUTO & TRUCK SALES INC.

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)	
P02000077376		
(Document Num	nber of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
N/A	The new	
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	. 22	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- T	
	<u>ිද්දි</u> ස	
	79. 1 79. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the	
Name of New Registered Agent		
(Flor	rida street address)	
New Registered Office Address:	, Florida	
New Negimereu Office Audress.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fan		
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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
l)Change	VP		SHADY A GHALY	816 BENTWOOD CT
Add				PALM HARBOR, FL 34683
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach add	g or adding additional Arti tional sheets, if necessary).	(Be specific)				
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	···					
provisions	dment provides for an exch for implementing the ame applicable, indicate N/A)	ange, reclassifica ndment if not con	tion, or cancellati tained in the ame	on of issued shar ndment itself:	res,	
		. ,				
•	, <u>, , , , , , , , , , , , , , , , , , </u>					
		 -				

	06/30/2015	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the Do	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment of the approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
07/02/201 Dated	5	
selecte	director, president or other officer – if directors or officers have not bead, by an incorporator – if in the hands of a receiver, trustee, or other cated fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	nkh
	(Title of person signing)	