## POSUCULINOS

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(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
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AUG 20 2015 R. WHITE 15 AUG 17 AM 4: 06

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BROWARD FOR	EIGN AUTO SALES, INC	
DOCUMENT NUMI	D03000044403		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	NEVILLE G. GRANT		
		Name of Contact Persor	1
	BROWARD FOREIGN AU	TO SALES, INC.	
		Firm/ Company	
	5598B NW 10TH TERRAC		
	<del></del>	Address	<del></del>
	FORT LAUDERDALE		
		City/ State and Zip Code	2
NGR	ANT7@COMCAST.NET		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
NEVILLE G. GRAN	Γ	at ( 954	294-4589
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	☐\$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)
	ling Address endment Section		Address
	sion of Corporations	Amendment Section Division of Corporations	
	Box 6327		Building
Tall	ahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FHLED

	•	15 AUG ! / AA 4: UD
(Name of Co	rporation as current	tly filed with the Florida Dept. of State)
		TALLAHASSEE, FLORIDA
	(Document Number of	of Corporation (if known)
ursuant to the provisions of section 607.1006 s Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of	of the corporation:	
		The new
	"Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
Enter new principal office address, if ap	plicable:	N/A
Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
		ress in Florida, enter the name of the
new registered agent and/or the new reg	istered office addres	<u>s:</u>
new registered agent and/or the new reg		<u>s:</u>
new registered agent and/or the new reg	istered office addres	<u>S:</u>
new registered agent and/or the new reg	istered office addres VILLE G. GRANT	reet address)
NE	istered office addres VILLE G. GRANT	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	VP	ALVIN C. MITCHENER	6678 CONCH COURT
X Add			BOYNTON BCH, FL 33437
Remove			
2) Change	P	NEVILLE G. GRANT	7358 NW 48TH PLACE
X Add			LAUDERHILL, FL 33319
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	-		
Remove			
<del></del>			
6) Change			
Add			
Remove			

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ending or adding additional Article h additional sheets, if necessary). (	es, enter change(s) here: (Be specific)
	auditional sheets, y necessary).	ne specific)
•		
<del></del>		
	• • • • • • • • • • • • • • • • • • • •	
lf on a	amandment nuccides for an archan	an malassification on consultation of issued above
nrovi	isions for implementing the amenda	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
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AUGUST 6TH 2015	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amena	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes c by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on	The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for app	roval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	er action and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	ion and shareholder
AUGUST 11TH 2015 Dated  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 receive	er, trustee, or other court
appointed fiduciary by that fiduciary)	
NEVILLE G. GRANT (Typed or printed name of person sign	-
	ning)
RESIDENT.	
(Title of person signing)	