P03000063118

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	DORS AU	TO SALES INC			
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are su	abmitted for filing.			
Please return all corresponde	ence concerning this ma	tter to the following:			
		DWIGHT REID			
	Name of Contact Person				
		DORS AUTO SALES	INC		
		Firm/ Company	.		
	2041 SW 70 AVENUE D6				
	Address				
		DAVIE, FLORIDA 3	3317		
		City/ State and Zip Cod	e		
		DORSAUTO@HOTM	AIL.COM		
r	E-mail address: (to be us	sed for future annual report	notification)		
For further information conc	erning this matter, pleas	se call:			
DWIGHT RO	داع	at (_9524_) <u>476 - 3066</u> de & Daytime Telephone Number		
Name of Con	tact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the fo	ollowing amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee E	3843.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	DORS AUTO S	ALES INC	FILE	ΞD
(Name of Cor	poration as currently !	filed with the Florid	a Dept. of State)	······································
	P03000063118		2019 APR - I	P
Pursuant to the provisions of section 607.1006,	Document Number of C		<u>: 34.000 76.47</u>	T BOLLE
its Articles of Incorporation: A. If amending name, enter the new name of	the corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," B. Enter new principal office address, if app	"Corp," "Inc." or "Corp, the abbreviation "P.	o". A professional o		
B. Enter new principal office address, it app (Principal office address MUST BE A STREE				
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>) D. If amending the registered agent and/or r	<u>CE BOX</u>)	e in Elevido enter t	ho name of the	
new registered agent and/or the new regis		s in Figura, emer i	ne name of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:	(C	ity)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing the language of the appointment as registered a second control of the appointment as registered and the language of the appointment as registered and the language of the appointment as registered and the language of the lang		h and accept the obli	igations of the posi	tion.
	Signature of New Reg	istered Agent, if char	nging	

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	<u>Name</u>	Address		
1) Change	S	LESIA REID	352 SW 121 TERRACE		
X Add			PEMBROKE PINES, FL 33025		
Remove					
2) Change	-				
Add					
Remove					
3)Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
·					
6) Change					
Add					
Damana					

If amending or adding Attach <i>additional shee</i>	ts, if necessary). (B	e specific)			
				 	
	-				
					···
		- 			
<u> </u>					
					
				 	
If an amendment pro- provisions for imples	vides for an exchang	e, reclassification, o	r cancellation of iss	ued shares,	
(if not applicable,	. indicate N/A)	tent ii not contained	in the amendment	itseir.	
					
-					
			· · · · · · · · · · · · · · · · · · ·		

	JANUARY 1, 2018	, if other than the
The date of each amendment(s) adoption:date this document was signed.		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 in document's effective date on the Department of State		is date will not be listed as the
Adoption of Amendment(s) (CHECK	<u>CONE</u>)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		ient(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting grou	reholders through voting groups. The following sta up entitled to vote separately on the amendment(s):	itement
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval	
by(voting §		
(voting §	group)	
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and sharel	holder
The amendment(s) was/were adopted by the incoraction was not required.	rporators without shareholder action and shareholde	:r
Dated 3/28/19 Signature Surply	- land	
(By a director, president	rator – if in the hands of a receiver, trustee, or other	
	DWIGHT REID	
(Тур	ed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	