P03 000101213

(Requ	uestor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busir	ness Entity Name)
(Docu	ument Number)
Certified Copies	Certificates of Status
Special Instructions to File	ling Officer:

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October 18, 2016

RAUL SOSA 205 SE 10 AVE. HIALEAH, FL 33010 US

SUBJECT: ACCION 1 AUTO SALES INC

Ref. Number: P03000101213

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE VERIFY WHETHER OR NOT THE REGISTERED AGENT SHOULD ALSO BE CHANGED ON THIS AMENDMENT SINCE IT WILL TAKE THE PLACE OF FILING THE REGISTERED AGENT CHANGE. IF SO, PLEASE ADD INFORMATION TO PAGE 1 OF 4 SECTION "D". THE SIGNATURE IS NOT LEGIBLE.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 716A00022426

Division of Compositions DO DOV 6297 Tellaharras Florida 20214

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: <u>ACC100 1</u>	Auto Sales	INC
DOCUMENT NUMBE	ER:		·
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
_	Raul S	osa JR	
		Name of Contact Persor	1
_	Accion 1	AU-lo Sales Firm/ Company	S, TNC
	205 St	E 10 Ave. Address	
_			
	hialca	City/ State and Zip Code	10
		City/ State and Zip Code	e
9	PariaSasa	1823@acl	- com
	E-mail address: (to be us	1823@acl	notification)
For further information	concerning this matter, pleas	se call:	
- Rayl	SOSO JA	at ()dc & Daytime Telephone Number
Name of	Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amer Divisi P.O. I	ng Address diment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Accion	Ì	AKA	Soles	TAIC
10000	_ •	44010		1 900

Acam I	Auto Sales	TNC	
(<u>Name o</u>	of Corporation as currently fil	ed with the Florida Dept. of	State)
•	P03000101213		
·	(Document Number of Con	rporation (if known)	,
Pursuant to the provisions of section 607.1 its Articles of Incorporation:		•	s the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
			and a
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designoword "chartered," "professional associat	ation "Corp," "Inc," or "Co".	A professional corporation	The new ed" or the abbreviation name must contain the
B. Enter new principal office address, i	if applicable:		
(Principal office address <u>MUST BE A ST</u>	TREET ADDRESS)		
	_		
	_		
C. Enter new mailing address, if applic	cable:		
(Mailing address MAY BE A POST O			
	•		
	·		
	· -		<u></u>
D. If amending the registered agent and		n Florida, enter the name o	<u>f the</u>
new registered agent and/or the new	registered office address:	0. TO	
Name of New Registered Agent	<u>KOOI 2010</u>	<u>u 112</u>	
	207 SE	10 AUR	
	(Florida street ac	idress)	7 5 5
New Registered Office Address:	Hialeah	Fle	orida 0.500
New Registered Office Address.	(City		(Zip Code)
A			
I hereby occept the appointment a l further agree to comply with the performance of my ghites, and I at agent. Or, if this document is bein hereby confirm that the corporation	no filed merely to reflect a c	hanae in the majetamed o	complete Signature of the state
Signature of Registered Agen	nt	0 00 0	10118 4
1	•	Date	- P
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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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	<u>ce Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	<u>P</u>	Raul Sosa	205 SE 10 AVE
Add Remove			Hialeah, \$1 33010
2) Khange Add	2	Raul Sosa JB	205 SE 10 AVR
Remove			Hielrah, FL 33010
3) Change	·		
Add			,
4) Change Add			
Remove			
5) Change			
Add Remove			·
6) Change Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	vii miniiiViilli Jileel	additional Articles, e s, if necessary). (Be	specific)	<u></u> -	•		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)						,	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)							
	<u>provisions for implem</u>	enting the amendmen	reclassification, t if not containe	or cancellation d in the amends	of issued shares nent itself:	.	· .
	<u>.</u>			<u> </u>		<u></u>	-
				<u> </u>			
		•			·		
							
·							
	·						

The date of each amendment(s) adoption:, if other than date this document was signed.
Effective date if applicable: 10 03 2016
. (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 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)
☐ 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 6 53 206
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 receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President (Title of person signing)