# P03000156902

(Requestor's Name)	
(Address)	
(Address)	
( louioss)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
24/13	_
, ×	

Office Use Only



600253983596

12/02/13--01020--026 \*\*43.75

Aprond-12/11-13



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2013

FLOR LEON EURO AUTO SUPPLIES INC 8018 NW 103 STREET HIALEAH GARDENS, FL 33016

SUBJECT: EURO AUTO SUPPLIES INC

Ref. Number: P03000156902

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

PLEASE LIST A TITLE, SUCH AS PRESIDENT, V-PRESIDENT OR SECRETARY, FOR EACH OFFICER AND/OR DIRECTOR BEING ADDED OR REMOVED ON PAGE 2 OF 4 OF THE ARTICLES OF AMENDMENT. TITLES SUCH AS "MR." OR "MS." ARE NOT CONSIDERED TO BE OFFICER TITLES WITH THIS OFFICE.

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 II

Letter Number: 613A00027873

## **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: EURO AUTO Supplies Inc.				
DOCUMENT NUMBER: 703000136902				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Flor Leon				
Name of Contact Person  EU( ) Atto Spoid Find Company				
8018 NW 103 st.				
Hickey Gardens, Fl. 33016  City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Flor Lew at 305 825-5135  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## **Articles of Amendment**

to

# Articles of Incorporation

	ies Inc		<del></del>	<del></del>
(Name of Corporation as current	ly filed with the Flor	ida Dept. of State)		
P 0 3000 156 902	er of Corporation (if k	ioum)		<del></del>
·	•	,		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flo</i>	orida Profit Corporatio	on adopts the following	ng amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional cor		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		·		_
				<b>-</b>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )			-
			9.00 7.00 2.00 2.00	13 050
<ul> <li>If amending the registered agent and/or registered agent and/or the new register</li> </ul>		in Florida, enter the	name of the	
Name of New Registered Agent			5. E. B.	R M
<del></del>	(Florida street	address)	<u> </u>	ယ္က
New Registered Office Address:		, Flo	rida	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	nt. I am familiar with		itions of the position.	
Signature of	f New Registered Age.	nt, 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.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
<u>X</u> Add	SV Sally	<u> Smith</u>	
Type of Action (Check One)  1) Change Add Remove	Title	Name Jennifer Moteus	Address 400 Palm Cir W+104 Rembroke Pines, FL.33021
2) Change Add Remove	P	Pedro Mateus	6036 Pierce st. Hollywood, FL.33024
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		<u> </u>	
6) Change Add Remove			

<u>If amending or adding additional Artic</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
	·
<del> </del>	
***	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ge. approcaere, mancare ronn)	

The date of each amendment(s) adoption: Now of 26,120,5 date this document was signed.	if other than the
11 = == 0/00/6 71 == 0	
Effective date if applicable: (no more than 90 days after amendment file date)	
	-0-
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 24113	
Signature	<del></del>
(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)	
Pearo Mataus	
(Typed or printed name of person signing)	
President	
(Title of person signing)	-