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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations Automotive Management Innovation, Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Horace W. Cox
Name of Contact Person Aubmotive Managemen 1 Innovation, INC
Firm/Company 184 HAWKCVEST CT
Address De BAry, FL 32713 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HOTACE W. at (384) 214 - 5988

Area Code & Daytime Telephone Number 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

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

Articles of Incorporation
of
Automotive Management Innovation, In

Automotive MANA	Gernent :	INNOVAT	ion, IN	<u> </u>
	ation as currently fil			
P04004	0131311			
(Doct	ument Number of Co	orporation (if known))	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Flo</i> i	rida Profit Corporal	tion adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cor	ord "corporation,"	"company," or "in	ncorporated" or to	he abbreviation
word "chartered," "professional association," or the			orporation name n	[25]
B. Enter new principal office address, if applicab	ala:			The 18 miles
(Principal office address MUST BE A STREET AL				現るこ
	_			10000000000000000000000000000000000000
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <i>0X</i>)			26 P.
	-			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter th	ne name of the	
Name of New Registered Agent	······································			
	(Florida street d	address)		
	•			
New Registered Office Address:	(Cit	יי)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing R		1 110		
I hereby accept the appointment as registered agent.	. 1 am jamiliar with	ana accept the oblig	gations of the posit	ion.
	anature of New Pegis	stared Agent if chan	aina	

address of each Offic (Attach additional sha Please note the office P = President; V= V Executive Officer; Cl held. President, Treas Changes should be no	cer and/or Director eets, if necessary) r/director title by the lice President; T= To FO = Chief Financia surer, Director would oted in the following s leaves the corporat	being added: first letter of the office title: reasurer; S= Secretary; D= Director; TR= al Officer. If an officer/director holds mon d be PTD. manner. Currently John Doe is listed as the ion, Sally Smith is named the V and S. The.	er/director being removed and title, name, and - Trustee; $C = Chairman \text{ or } Clerk; CEO = Chief$ re than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
Example: X Change	PT John I	Doe	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Res	MARINA Cox	184 HAWKCIEST CT
Add	ounca		DeBAry, FL 32713
X Remove			
2) Change	Pres Owner	Horace W. Cox	De BAry, FL 32713
			<u> </u>
Remove 3) Change			
Add			
Remove			
			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

____ Remove

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f an amendment provi	des for an exch	ange, reclassif	cation, or canc	ellation of issu	ed shares,	
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f an amendment provi provisions for implem (if not applicable,	enting the amen	dment if not o	contained in the	ellation of issu- amendment it	<u>ed shares,</u> self:	
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provisions for implem	enting the amen	dment if not o	contained in the	ellation of issu amendment it	ed shares, self:	

The date of each amendment(s) adoption: April 20, 2016, if other than the date this document was signed.
Effective date if applicable:
(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 the 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)
(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 April 20, 2016 Signature Marine
(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)
MAINA COX
(Typed or printed name of person signing)
Presend ent T
(Title of person signing)