# P05000054147

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Quer J + N. C. C.COULLIETTE

MAR 17 2011

**EXAMINER** 

#### **COVER LETTER**

. . . .

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORI	PORATION:	ZM Auto Wholesale, Inc.			
DOCUMENT NU	MBER:	P05000054147			
The enclosed Artic	cles of Amendment and fee	e submitted for filing.			
Please return all co	orrespondence concerning th	matter to the following:			
		Marco Zephirin une of Contact Person			
		ine of Contact Person			
ZM Auto Wholesale, Inc.					
	Firm/ Company				
	75 NE 44th Street, Suite #4-B				
		Address			
	Oakland Park, FL33334				
		y/ State and Zip Code			
	zmproti E-mail address: (to be us	ction@gmail.com for future annual report notification)	_		
For further informa	tion concerning this matter	lease call:			
	Marco Zephirin	at (954) 260-9504	1		
Name	of Contact Person	Area Code & Daytime Telephone N	umber		
Enclosed is a check	for the following amount r	de payable to the Florida Department of	State:		
☐ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy Certi (Additional copy is enclosed) Certi	50 Filing Fee ficate of Status fied Copy litional Copy is enclosed)		
Mailing Ad Amendmen Division of P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2011

MARCO ZEPHIRIN ZM AUTO WHOLESALE INC. 75 NE 44TH ST., STE #4-B OAKLAND PARK, FL 33334

SUBJECT: ZM AUTO WHOLESALE INC.

Ref. Number: P05000054147

We have received your document for ZM AUTO WHOLESALE INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Is there a reason why you chose to only complete the first page of the amendment application? You must complete the entire form and resubmit for filing. If you have no officer changes or additions you can put n/a in the space for that on page 2 of the form.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 411A00005744

CEIVED

7 AM 8: 03

RY OF STATE
SEE, FLORID

11 MAR 17 AM 9: 23
SECRETARY OF STATE
TAIL ANASSES - FLORING

#### **Articles of Amendment**

## to Articles of Incorporation of

ZM Auto Wholesale	, Inc.
(Name of Corporation as currently filed with	the Florida Dept. of State)
P05000054147	
(Document Number of Corporate	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
Z-Plex Auto Wholesale	e, Inc. The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	75 NE 44th Street, Suite 4-B
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Oakland Park
	Florida 33334
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 1517
	Fort Lauderdale Florida 33302
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	
Name of New Registered Agent: Marco Zephi	rin
	Street, Suite 4-B
Oakland Part (City)	, Florida 33334 (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am family $\mathcal{M}_{\infty \mathcal{N}}$	Tefficial series of the position.
Signature of New	Registered Agent, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>	, <u>N/A</u>		☐ Add ☐ Remove
			D Demosio
	ding or adding additional Articles, edditional sheets, if necessary). (Be s		
provisio	nendment provides for an exchange ons for implementing the amendment ot applicable, indicate N/A)	nt if not contained in the an	
		N/A	_
		- 15	

The date of each amendmen	t(s) adoption:	N/A			
Effective date <u>if applicable</u> :		(date of adoption is required) N/A			
	(no more than 90 days after amendment file date)				
× '					
Adoption of Amendment(s)	( <u>CHI</u>	ECK ONE)			
The amendment(s) was/weby the shareholders was/w	•	shareholders. The number of votes cast for the amendment(s) opproval.			
		shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):			
"The number of votes	cast for the amend	ment(s) was/were sufficient for approval			
by	N/A	,,			
<u> </u>	N/A (voting group)				
The amendment(s) was/we action was not required.	ere adopted by the b	poard of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	ere adopted by the i	ncorporators without shareholder action and shareholder			
Dated	N/A				
Signature _	Marco	Zehlinin			
		nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court			
	pointed fiduciary by				
		N/A			
	(Турс	ed or printed name of person signing)			
	· · · · · · · · · · · · · · · · · · ·	N/A			
	(Title of	person signing)			