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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: HOW CHARLES INC. |
| DOCUMENT NUMBER: 4050006 1911 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: Aname of Contact Person Firm/Company |
| For further information concerning this matter, please call: Petrol |
| \$35 Filing Fee |
| P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

Articles of Amendment

to

| Articles of Incorporation |
|--|
| (13) Auto Onder Tus |
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| Pacamon6791 |
| (Document Number of Corporation (if known) |
| (120cument stumber of Corporation (11 known) |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| <i>2</i> . |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| |
| C. Enter new mailing address, if applicable: |
| (Mailing address MAY BE A POST OFFICE BOX) |
| |
| |
| |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| Name of New Registered Agent |
| Name of iven negmered Agent |
| |
| (Florida street address) |
| New Registered Office Address:, Florida |
| (City) (Zip Code) |
| |
| New Registered Agent's Signature, if changing Registered Agent: |
| I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |
| , nominary, marketing |
| |
| |
| 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)

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 <math>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) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | VR | Laxlos A haviner | 4155 W OOKRIJGE RE |
| Add Remove | | | Oclando, FL 32809 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | _ | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | <u> </u> |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | | | | |
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| f an amendment provides for an exch | ange, reclassifica | tion, or cancellati | on of issued sha | res, | |
| provisions for implementing the ame (if not applicable, indicate N/A) | <u>nament it not con</u> | tained in the ame | nament usen: | | |
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| The date of each amendment(s) adoption: | 4- | 17-1- | L | _, if other than the |
|---|----------------------|------------------------|-------------------------------|----------------------|
| date this document was signed. | // | 7 17 | | |
| Effective date <u>if applicable</u> : | (no more than 90 | days after amendme | nt file date) | |
| Note: If the date inserted in this block does not document's effective date on the Department of | | ole statutory filing r | equirements, this date will i | not be listed as the |
| Adoption of Amendment(s) (CH | ECK ONE) | | | |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a | | umber of votes cast | for the amendment(s) | |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | | | | |
| "The number of votes east for the amen | dment(s) was/were : | sufficient for approv | al | |
| by(vot | | | | |
| (vot | ng group) | | | |
| The amendment(s) was/were adopted by the laction was not required. | ooard of directors w | ithout shareholder a | ction and shareholder | |
| The amendment(s) was/were adopted by the i action was not required. | ncorporators withou | at shareholder action | and shareholder | |
| Dated 4- 19 # | 7 | | | |
| Signature · OF | ~ | | | |
| (By a director, presi- | | | | - |
| selected, by an inco appointed fiduciary | | ands of a receiver, t | rustee, or other court | |
| • | ~ · | , (|) . | |
| | JOGN_ | V | Samirez | |
| C | Typed or printed nar | ne of person signing | 3) | |
| <u> </u> | Pré | sident | | |
| | (Title of | person signing) | | |