P0000003100

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne) .
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	

Office Use Only



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Amend cus

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: Custom Au		
DOCUMENT NUM	BER: P0600003160	2	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Kenzy Lucien		
		Name of Contact Person	
	Custom Auto Spe	ecialist	
		Firm/ Company	
	480 South Military	y Trail	
		Address	
	West Palm Beach	n, FL. 33415	
		City/ State and Zip Code	
tm	0710@hotmail.cor	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Kenzy Lucie	n	_{at (} 561	, 723-9100
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
<u>Ma</u>	iling Address	Street A	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building 2661 Executive Center Circle	
ıaı	lahassee, FL 32314		ssee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2012

KENZY LUCIEN CUSTOM AUTO SPECIALIST, INC. 480 S. MILITARY TRAIL WEST PALM BEACH, FL 33415

SUBJECT: CUSTOM AUTO SPECIALIST, INC.

Ref. Number: P06000031602

We have received your document for CUSTOM AUTO SPECIALIST, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(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.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 712A00020402



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 19, 2012

KENZY LUCIEN CUSTOM AUTO SPECIALIST, INC. 480 S. MILITARY TRAIL WEST PALM BEACH, FL 33415

SUBJECT: CUSTOM AUTO SPECIALIST, INC.

Ref. Number: P06000031602

We have received your document for CUSTOM AUTO SPECIALIST, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

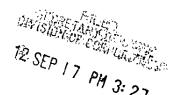
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist II

Letter Number: 912A00019148

Articles of Amendment to Articles of Incorporation of



Custom Auto Specialist, Inc.

Oustoin Auto Opedianst, in	C.		·· <1
(Name of Corporation as cu	rrently filed with the Flo	orida Dept. of State)	
P06000031602			
(Document N	umber of Corporation (if	known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation adopts the	ne following amendment(s) to
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corporation n	
B. Enter new principal office address, if a	onlicable:	14 NE 1st Avenue	
(Principal office address <u>MUST BE A STRI</u>		Suite 236	
		Miami, FL. 33132	
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		480 South Military T	rail
		West Palm Beach, FL	. 33415
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter the name of t	<u>he</u>
Name of New Registered Agent T	ristian Wright		
4	80 South Milita	ry Trail	
	(Florida stree	,	
New Registered Office Address:	lest Palm Beac	h, Florida 334	15
	(City)	(Zi	p Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registere	d agent. \I am familiar w		e position.
Signa	ture of New Registered Ag	gent, if changing	
	J	, , ,	

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>	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>	<u>Addres</u> s
1) Change	Р	Milito, Giovanni	1900 N. Bayshore Drive
Add			#3616
X Remove			Miami, FL. 33132
2) Change	VP	Haynes, Rufus E	1900 N. Bayshore Drive
Add			#3616
Remove			Miami, FL. 33132
3) Change	Р	Kenzy Lucien	14 NE 1st Avenue
X Add		-	Miami, FL. 33132
Remove			
4) Change			
Add	-		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific) If an amendment provides for an exchange, reclassification, or cancellation of issued share 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)	
(if not applicable, indicate N/A)	<u>S.</u>
	•

The date of each amendment(s) a	doption: 07/17/2012
Effective date if applicable: 06	5/29/2012
in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were addiction was not required.	opted by the incorporators without shareholder action and shareholder
Dated 09/15/	
Signature/	lirector, president or other officer – if directors or officers have not been
selecte	ed, by an incorporator - if in the hands of a receiver, trustee, or other court
appoir	ted fiduciary by that fiduciary)
	Kenzy Lucien
•	(Typed or printed name of person signing)
	President
•	(Title of person signing)