0600008264

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SEP 1 7 2012 T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CABA AUTO	O SALES INC	
DOCUMENT NUMBER: P06000082647	7	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
PEDRO ALBA		
	Name of Contact Persor	1
CABA AUTO SAL	ES INC	
	Firm/ Company	
2417 FOWLER S	TREET	
· · · · · · · · · · · · · · · · · · ·	Address	
FORT MYERS, F	L 33901	
	City/ State and Zip Code	2
westcoastaccounting	av@yahoo com	1
	ed for future annual report	
		,
For further information concerning this matter, please	e call:	
PEDRO ALBA	at (347	, 528-6739
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of



CABA AUTO SALES INC.

(Name of Corporation as currently filed with the	: Florida Dept. of State)
P06000082647	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corpora "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
D. Fatanasa animainal office address if applicables	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	and the same of th
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 ac	
new registered agent and/or the new registered office address	ess:
Name of New Registered Agent N/A	
(Florida	street address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Thereby accept the appointment as registered agent. Tum jumine	and the developt the configurations of the position.
Signature of New Registere	ed Avent if changing
5,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	0 . 7

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 Jone	<u>s</u>	
X Add	<u>sv</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	N	ame	<u>Addres</u> s
1) Change	V	(CARLOS J JR MARTINEZ	2117 10th ST
X Add				CAPE CORAL, FL 33990
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_ _ _		
Add				
Remove				
6) Change				
Add				
Remove				

 If amending or adding additional Article (Attach additional sheets, if necessary). 	(Be specific)
	(as open y.s)
N/A	
4. · · · ·	
If an amandment provides for an aval	hange realessification or cancellation of issued shares
nrovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Mainten if not contained in the unrenament is en-
V/A	

The date of each amendment	t(s) adoption: 09/05/2012
Effective date if applicable:	09/05/2012
Effective date if applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_09/	(05/2012
Signature _	x Pedroalla
(1	By a director, president or other officer – if directors or officers have not been
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court
а	appointed fiduciary by that fiduciary)
	PEDRO ALBA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)