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COVER LETTER

TO: Amendment Section Division of Corporations

. Division of Corp.	A delona				
NAME OF CORPOR	RATION: CABA AUT	O SALES IN	C		
DOCUMENT NUME	BER: P0600008264	.7			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	CARLOS MARTI	NEZ GERMA	۸N		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact I	Person		
	CABA AUTO SAI				
		Firm/ Compar	ıy		
	2417 FOWLER S	TREET	•		
		Address			
	FORT MYERS, F	L 33901			
		City/ State and Zip	Code		
ma	rtinosfamily 10@	hatmail aam			
ma —	rtinezfamily_10@ E-mail address; (to be us				
	n-mail address; (to be us	sed for future annual r	eport notification)		
For further information	n concerning this matter, pleas	se call:			
CARLOS MA	RTINEZ GERMA	N at (239	321-2024		
Name o	of Contact Person	Arc	ea Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made [payable to the Florida	Department of State;		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fer Certified Copy (Additional copy enclosed)	Certificate of Status		
Mailing Address		S	treet Address		
Amendment Section		$\overline{\Lambda}$	Amendment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327			Clifton Building		
Tallahassee, FL 32314		20	661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

CABA AUTO SALES INC	C .		
<u>-</u>	currently filed with the Flo	orida Dept. of State)	<u>. </u>
P06000082647			
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Sorida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp" "Inc" or Co" or the design word "chartered." "professional associa	nation "Corp," "Inc," or "C	Co". A professio <mark>nal co</mark> rpore	orated" or the abbreviation
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S	TREET ADDRESS)		a t
			A A A
C. Enter new mailing address, if appli (Mailing address MAY BE A POST		N/A	DEC 1
			FILED 13 AM
			32 E O
D. If amending the registered agent ar new registered agent and/or the new			ne of the
Name of New Registered Agent	CARLOS MART		
	2117 10th ST		-
	(Florida stre	et address)	-
. New Registered Office Address:	CAPE CORAL	Florida	33990
New Registered Office Address.	(City)	, rionad	(Zip Code)
New Registered Agent's Signature, if collaboration in the second second the appointment as registered as registere	hanging Registered Agent: tered agent. I am familiar w L - Ma L gnature of New Registered A	gennen	ns of the position.
31	gnantre oj ivew Kegisterea A	gem, y 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>	Name	Address
1) Change	Р	PEDRO ALBA	2512 6th ST. W.
Add			LEHIGH ACRES
X Remove			FL 33971 US
2) Change	VP	CARLOS J. JR MARTINEZ	2117 10th ST
Add			CAPE CORAL
X Remove			FL 33990 US
3) Change	Р	CARLOS MARTINEZ GERMAN	2117 10th ST
X Add			CAPE CORAL
Remove			FL 33990 US
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A) EXCHANGE OF ISSUED SHARES:
PEDRO ALBA: 0 SHARES
CARLOS MARTINEZ GERMAN: 300 SHARES

The date of each amendment(s)	adoption: 12/10/2012
Effective date if applicable:	2/10/2012
Enective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voung group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 12/10	0/2012
paled	The days
Signature (By	a director, president or other officer – if directors or officers have not been
sele	eted, by an incorporator - if in the hands of a receiver, trustee, or other court
appe	pinted fiduciary by that fiduciary)
	CARLOS MARTINEZ GERMAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)