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··· (Req	uestor's Name)	
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DIVISION OF CORPORATIONS

13 MAY 28 PH 12: 08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CABA AU	ITO SALES IN	1C.
DOCUMENT NUMI	BER: P060000826	647	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CARLOS M GI	ERMAN	
		Name of Contact Person	1
	CABA AUTO S		•
		Firm/ Company	
	2417 FOWLER		
		Address	
	FORT MYERS	, FL 33901	
		City/ State and Zip Cod	e
	due elle e 40 @ euro	all ages	
<u>pe</u>	droalba48@gm		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
CARLOS N	I GERMAN	239	321-2024
	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		•
\$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is enclosed)	Certified Copy (Additional Copy
		enciosed)	is enclosed)
	71 4.1.4	e.,	4.33
	iling Address		Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CABA AUTO SALES INC.

(Name of Corporation as c	urrently filed with the Flo	rida Dept. of State)	
P06000082647			
(Document	Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:		
N/A			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," or "Co	o". A professional corporati	ated" or the abbreviation ion name must contain the
		N/A	
B. Enter new principal office address, if (Principal office address MUST BE A STI		INIA	<u> </u>
. <u></u>	,		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O	<u>able:</u> FFICE BOX)	N/A	
D. If amending the registered agent and	or registered office addre	ss in Florida, enter the name	of the
new registered agent and/or the new			
Name of New Registered Agent	N/A		
	(Florida stree	t address)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if cha			
I hereby accept the appointment as register	red agent. I am familiar wi	th and accept the obligations	of the position.
Sign	ature of New Registered Ag	gent, 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 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 De	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	٧		PEDRO ALBA	2512 6TH ST W
Add				LEHIGH ACRES, FL 33971
X Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<u></u>			
Add				
Damoua				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	
N/A	
F. If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A) EXCHANGE SHARES	
CARLOS M GERMAN	
PEDRO ALBA: 0%	1. 100 /6
I LDNO ALDA. 070	

The date of each amendment(s) a	doption: 05/21/2013
Effective date <u>if applicable</u> :	5/21/2013
Enterive date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 05/21	1/2013
Signature	link of general
(B y a c selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	CARLOS M GERMAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)