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COVER LETTER

i.

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VERA-WILLIAM	SON INVESTMENTS, IN	C.	
DOCUMENT NUME				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	ALEJANDRO CRESPO			
		Name of Contact Person	1	
	VERA CADILLAC BUICK GMC			
		Firm/ Company		
	300 SOUTH UNIVERSITY	• -		
		Address		
	PEMBROKE PINES, FL 33	025		
		City/ State and Zip Cod	e	
ALEX	C@VERAMOTORS.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	o concerning this matter, pleas	se call:at (517-7910	
Name o	of Contact Person	at (Area Co	de & Daytime Telephone Number	
	the following amount made			
S35 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)	
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

VERA-WILLIAMSON INVESTMENTS, INC.

(Name of Corporation	as currently filed with the Florida Dept. of State)
P06000088766	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	ooration:
N/A	The new
name must be distinguishable and contain the word "Corp." "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)
	2019
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SS T
 	
	37 8
D. If amending the registered agent and/or registered	doffice address in Florida enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
now registered office runnings.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligations of the position.
	, y
-	
Signati	ure 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 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 Doc	
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	VP/D	RICHARD L GONZALEZ	300 S. UNIVERSITY DRIVE
X Add			PEMBROKE PINES, FL 33025
Remove			
2) Change	VP/D	JAMES L CRANER	300 S. UNIVERSITY DRIVE
Add			PEMBROKE PINES, FL 33025
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		<u> </u>
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

	h additional sheets, if necessary). (Be specific)	
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lf aı	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
pro	visions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmen afficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	10-29-18 All	
Signature	All—	
(By a selection	director, president or other officer – if directors or officers have not bee ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	ALEJANDRO CRESPO	
	(Typed or printed name of person signing)	
	SECRETARY / TREASURER	
	(Title of person signing)	