PU6000/30026

(D-		
(Re	equestor's Name)	
(Ad	ldress)	
		
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Amendment Section
	Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: PADLY AUTO Tech				
DOCUMENT NUMBER: FL P06000130026				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person Thady Auto Tech Firm/ Company				
Name of Contact Person				
Linaly Auto lech				
Firm/ Company				
18326 S. Dixie Hwy Address				
Address				
Miami-FL 33157				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Odalis B. Kodriguer 11 (305) 975-6554				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

DIVISION OF CERPOINAL

to Articles of Incorporation of

Inady Auto Tech Corp. (Name of Corporation as currently)	
(Name of Corporation as currently	filed with the Florida Dept. of State)
FL P06000130026	
	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment
A If amonding name and the large specific section of the section o	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	18326 S. Dixie thuy
(Principal office address MUST BE A STREET ADDRESS)	Hiami- FL 33157
	11/a/m/- FL 33/37 1
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Same . Es
	<u>ි. වූවි</u> වේදා වේදා
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Odalis B	Lodnquez 8 =
18326 S. J	Pixie Hwy Hiami-FL 33157
(Florida stre	· · · · · · · · · · · · · · · · · · ·
183265 Dire Am	High! 33157
New Registered Office Address: 183265 Dise Am	$\frac{1 + 1 \cdot am_1}{City}$. Florida $\frac{33157}{(Zip Code)}$
'	·
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
	· · ·
Signature of New Re	gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	re, ana sai	iy Smun, SV as an Ada.	
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	P	Odalis B Lodriguez	18326 S. Dixie Hwy Miamir FL 33157
Add			Miamin FL 33157
2) Change	VP	Mano Ignacio Rodrigues	18326 S. Dixe Awy
Add Remove			Miami- FL 33157
3) Change			
Add Remove			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(Adach daditional sheets, if necessary). (Be specific)	
	
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If an amendment provides for an exchange, reclassification, or cancella	tion of issued shares
provisions for implementing the amendment if not contained in the am	
(if not applicable, indicate N/A)	
	
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The date of each amendment(s) adoption:
Effective date if applicable: 6-11-2019
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated $6 - 11 - 2019$
Signature
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator—if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Chalis B Kodriguez
(Typed or printed name of person signing)
TRESIdent

(Title of person signing)