# P06000133335

(Re	questor's Name)	
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09/16/10-01010-001 \*\*43.75



Amond C.COULLIETTE

SEP 17 2010

**EXAMINER** 

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Auto Lote Export and Import Inc.
DOCUMENT NUMBER: PO600133335
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mariano Antunez.  Name of Contact Person
Autolote Export and Import Inc.
911 29th Ave West
Bradenton, FL 34205 City/State and Zip Code
Chup g to Chup all to be used for future annual report notification)
For further information concerning this matter, please call:
Maciano or Lenia at (305) 321-6784  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 \$\ \times \text{\$43.75 Filing Fee & Certificate of Status} \text{\$\sum \text{\$43.75 Filing Fee & Certificate of Status} \text{\$\cup \text{\$Certified Copy (Additional copy is enclosed)}} \$\sum \text{\$\cup \text{\$\c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment**

to

### **Articles of Incorporation**

4	of		
Autolote Expor	+ and Ima	port Inc	
(Name of Corporation as curre	ently filed with the Florid	a Dept. of State)	
Poleonal (Document Num	33335 nber of Corporation (if kno		
•	, ,	•	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this <i>Fl</i>	<i>lorida Profit Corporation</i> ad	opts the following
A. If amending name, enter the new name of	f the corporation:		
name must be distinguishable and contain			The new
name must contain the word "chartered," "programme must contain the word "chartered," "programme must contain the word "chartered," "programme may be a sent applicable and the sent and th	colicable:  CT ADDRESS    CE BOX   registered office address i		SECRETARY OF STATE STATE CORPORATIONS  10 SEP 16 AM II: 28
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
		, Florida	<del></del>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi	ing Registered Agent:		
I hereby accept the appointment as registered of		and accept the obligations of t	he position.
	Signature of New Registere	d 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)

<u>Title</u>	Name	Address	Type of Action
<u>vp</u>	Kenia Antunez	2112 SW17 AUE Mami, FC 34205	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, recla s for implementing the amendment if no applicable, indicate N/A)		
			······································

The date of each amendment(s	) adoption:
Effective date if applicable:	(date of adoption is required) 5/1/2010
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e 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	st for the amendment(s) was/were sufficient for approval
by	.,,
(*	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
Dated 7- Signature 20 (By a select	director, president or other officer – if directors or officers have not been red, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)   MARIAND ANT UNEZ  (Typed or printed name of person signing)
	Diac
	(Title of person signing)
	(Title of person signing)