PD7DD0099410

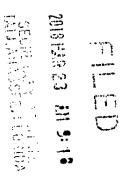
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	☐ MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	

Office Use Only



800310315058

03/12/18--01008--023 **35.00



Amend

MAR 26 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DC. AUTO WHOLE SALE CORP. DOCUMENT NUMBER: 10700099410
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 The Auto whole sale Corp Firm/ Company 4325 E 11 AVE Address Higleah, FL 33013 City/ State and Zip Code Denote the Bound of State and Lip Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & Certified Copy (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
PO7000099410

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE Ramiro Diaz

Name of Contact Person

DC AUTO WHOLE SALE CORP

Firm/Company

4325 E 11 AVE

Address

HIALEAH, FL 33013

City/State and Zip Code

DCAUTOWHOLESALECORP@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE RAMIRO DIAZ

,786 ,247-696

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 13, 2018

JOSE RAMIRO DIAZ D C AUTO WHOLE SALE CORP 4325 E 11 AVE HIALEAH, FL 33013

SUBJECT: D C AUTO WHOLE SALE CORP

Ref. Number: P07000099410

We have received your document for D C AUTO WHOLE SALE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 818A00005056

Articles of Amendment to Articles of Incorporation of

DC Auto Whole Sale Corf)	
	rently filed with the Florida Dept. of State)	
P07000099410		
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendme	nt(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
	The new	,
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviat	oration," "company." or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the)
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20 20 20 20 20 20 20 20 20 20 20 20 20 2	<u> </u>
D. If amending the registered agent and/or registered office	address in Flavida enter the name of the	П
new registered agent and/or the new registered office add		
Name of New Registered Agent		.
Hame of then neglistered rigem	55	
	ida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.	
Signature of N	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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	<u> 1ike Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	Dolly E. Cendales	4325 E 11 AVI Haleah, F1 33013
Remove			
2) X Change Add	<u>\</u>	Jose R. Diaz	4325 E 11 AUE Hialeah, F1 33013
Remove 3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change		·	
Add Remove			
6) Change			
Remove			

Attach additional sheets, if necessary).	(Be specific)
., ,,,,,,,,	
100	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y nor applicable, material and	

Effective date if applicable: March 19, 2018 (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 the 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)
(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 the 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)
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
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.
Signature (15) 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)
Tolly E. Cendales (Typed or printed name of person signing)
President (Title of person signing)