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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

20 HM 29 14 9.22 NAME OF CORPORATION: $_^{\text{ATLANTIC PARTS USA CORP}}$ **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARTURO PARGA Name of Contact Person ATLANTIC PARTS USA CORP Firm/ Company 18151 NE 31ST CT APT 506 Address **AVENTURA FL 33160** City/ State and Zip Code parga.usa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 975-5322

Area Code & Daytime Telephone Number ARTURO PARGA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation of

A TI	ANITIC	PARTS	TICA	$C \cap D D$

ATLANTIC PARTS USA CORP		1/2 3
(Name of Corporatio	n as currently filed with the Florida Dept. of State)	73
P07000110589		Ex
(Docume	ent Number of Corporation (if known)	Ģ.
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follow	ving amendmen
A. If amending name, enter the new name of the con	rporation:	
		The new
	rporation," "company," or "incorporated" or the abbrevi or "Co". A professional corporation name must conviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	Zip Code)
New Registered Agent's Signature, if changing Regi		
I hereby accept the appointment as registered agent. I	I am familiar with and accept the obligations of the position	on.
		
Signal	ture of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John D	<u>ve</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		LUIS A TOLENTINO	2401 SW 31ST AVENUE APT A2
Add		_		PEMBROKE PINES FL 33009
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment date this document was signed	
· ·	MAY 25, 2020
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as ne Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/weby the shareholders was/w	e adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d 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)
MAY Dated Signature <u>X</u> (B	25, 2020 let let composite a control of the contro
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)