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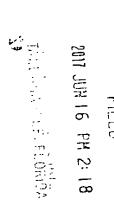
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ASANKA CAR.C	OM INC				
	BER: P08000019905					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	SKIP PIERSOL					
		Name of Contact Perso	n			
	BERYLE PIERSOL ACCOUNTING INC					
		Firm/ Company				
	610 BITTNER BLVD					
		Address				
	NOKOMIS FL 34275					
		City/ State and Zip Cod	e			
SKI	PBETTY@VERIZON.NET		v. V			
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
SKIP PIERSOL		at (374-0889			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:			
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)			
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

Articles of Amendment to Articles of Incorporation of

FILED

ASANKA CARS.COM INC

2017 JUN 16 PM 2: 18

P08000019905	ly filed with the Florida Dept. of State) 17.5 (17.5) (17.5) (17.5) (17.5) (17.5) (17.5)
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	Thenew
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or " word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Control of the state of the sta	N/A
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	NA
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	
N/A	_

Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent (Florida su	reet address)
Name of New Registered Agent	reet address), Florida (City) (Zip Code)

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.

X Change	PT	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	VP	DAVID ZULLIN	1828 N WASHINGTON BLVD
Add			SARASOTA, FL 34242
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

(Attach addition	adding additional al sheets, if necessor	ry). (Be specij	fic)			
7/A						
		 _			 -	
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	· · · · · · ·					
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						•
If an amendme	ent provides for an	exchange, recla	assification, or	cancellation of	issued shares.	
provisions for	· implementing the	amendment if 1	not contained in	n the amendmer	nt itself:	
(у посару	olicable, indicate N	му				
				·		
						
				.		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (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 block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement ement
"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.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
6-09-2017 Dated	
Signature <u>USANUA West sturys</u> (By a director, president or other officer / if directors or officers have not be	
(By a director, president or other officer / if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c appointed fiduciary by that fiduciary)	en ourt
ASANKA WEERASURIYA	
(Typed or printed name of person signing)	
PRES	
(Title of person signing)	