# P09000016312

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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: LEADER APSH, inc
DOCUMENT NUMBER: p09000016312
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ABDUL D MENENDEZ
Name of Contact Person
Firm/ Company
7920 SW 15 ST
Address
MIAMI ,FL 33144
City/ State and Zip Code
CARSOFMIAMI@YAHOO.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALAIN MENENDEZ at (786 ) 427-9541
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 Certificate of Status  Certificate of Status  Certificate of Status  Certificate Opy (Additional copy is enclosed)  Certificate of Status  Certified Copy (Additional Copy is enclosed)

### **Mailing Address**

TO: Amendment Section

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

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# Articles of Amendment Articles of ..... to Articles of Incorporation of

## LEADER APSH,inc

## (Name of Corporation as currently filed with the Florida Dept. of State)

P0900001631	2
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
CARS OF MIAN	MI ,inc
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation  B. Enter new principal office address, if applicable:	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
(Principal office address MUST BE A STREET ADDRESS)	TAR TAR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address.	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	, Florida
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  Signature of New Registered	with and accept the obligations of the position.

Page 1 of 4

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>	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>	Address
(Check One)			
1) Change			
Add Remove			
<del></del>			
2) Change			
Add Remove			
<del></del>			
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add	-		
Remove			
6) Change Add			<del> </del>
Remove			

f amending or adding additional Artication attach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an excha	inge, reclassification	on, or cancellatio	n of issued sha	ires.
orovisions for implementing the amen (if not applicable, indicate N/A)	dment if not conta	ined in the amen	<u>dment itself:</u>	
	· · · · · · · · · · · · · · · · · · ·	<u></u>		
		<u> </u>		
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The date of each amendment(s)	adoption: 03/12/2012
Effective date if applicable:	3/12/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or 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)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated 03/12	director, president or other officer – if directors or officers have not been
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ABDUL D MENENDEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)