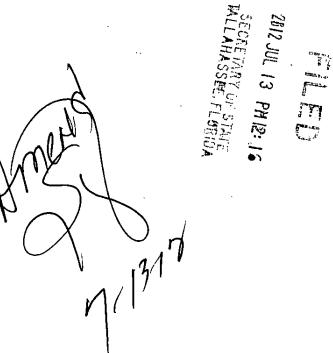
•	1981 812 88 88 88 1788
(Requestor's Name)	
(Address)	4002272045
(Address)	4002373945
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	07/13/120102400
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	ASS
	Marin San
	M, JJ

Office Use Only





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	P100000	Auto Corp. 17832	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	,
Please return all corre	spondence concerning this ma	tter to the following:	
	Gary Feldman		
		Name of Contact Person	1
	Feldman Auto	Corp.	
	·	Firm/ Company	11000
	3816 N Ponce	de Leon Blvd.	
		Address	Algery pre 18 pp.
	St. Augustine,	FL 32084	
		City/ State and Zip Code	
	Feldman as E-mail address: (to be us	to @ gol. c	OM notification)
For further informatio	n concerning this matter, pleas	se call:	
Gary Feldn	nan	at (90 Y	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
\$35 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)
	iling Address endment Section		Address ment Section

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

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

Articles of Amendment Articles of Incorporation



Feldman Auto Corp.

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

P10000017832

dment(s) to

(Document	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	lorida Profit Corporation :	adopts the following amendmo
A. If amending name, enter the new na	me of the corporation:		
N/A	_		The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ution "Corp," "Inc," or "C	o". A professional corpoi	orated" or the abbreviation
B. Enter new principal office address, i		N/A	
(Principal office address <u>MUST BE A ST</u>	KEET ADDRESS)		
C. Enter new mailing address, if applied (Mailing address MAY BE A POST C		N/A	
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the na	me of the
Name of New Registered Agent	Gary Feldman		
	3816 N Ponce	de Leon Blvd	-
	(Florida stree		
New Registered Office Address:	St. Augustine	Florid	32084
Ten registered Office ritures.	(City)	,	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			ns of the position.

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>	<u>Addres</u> s
1) Change Add _X Remove	Р	Andy Feldman	721 Cypress Crossing Trl St. Augustine, FL 32095
2) Change Add Remove	Р	Michael Weitz	3816 N Ponce de Leon Blvd. St. Augustine, FL 32084
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
/A	
- INTELL	
····	
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
/A	
,	

The date of each amendment(s) adoption: 7-10-2012
Effective date if applicable: 7-10-2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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 east for the amendment(s) was/were sufficient for approval
by
☐ 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.
Dated
Signature (By 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)
Michael Weitz
(Typed or printed name of person signing)
President
(Title of person signing)