

PICKUP 8/

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

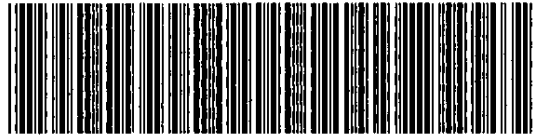
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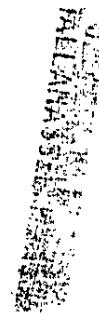
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AUTO SOUNDS PLUS INC

**DOCUMENT NUMBER:** P10000044481

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELVIN POWELL

Name of Contact Person

AUTO SOUNDS PLUS INC

Firm/ Company

610 N. FLAGLER AVE

Address

HOMESTEAD FL 33030 US

City/ State and Zip Code

SOLJA\_ACQUISITIONS@YAHOO.COM

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

For further information concerning this matter, please call:

MELVIN POWEL

Name of Contact Person

at ( 786 ) 564-7561

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

AUTO SOUNDS PLUS INC

P10000044481

Page 1 of 3

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	MELVIN POWELL	610 N FLAGLER AVE HOMESTEAD FL 33030 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	MELVIN POWELL	610 N FLAGLER AVE HOMESTEAD FL 33030 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	EMANUEL CROOM BELL	610 N FLAGLER AVE HOMESTEAD FL 33030 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 05/28/2010

(date of adoption is required)

Effective date if applicable: 05/28/2010

(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 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.

Dated 05/28/2010

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)

MELVIN POWELL

(Typed or printed name of person signing)

VP

(Title of person signing)