da Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103 Phone

: (786)615-3057 Fax Number : (786)615-3058

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN DJIMY'S AUTO SALES, INC.

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Electronic Filing Menu

Corporate Filing Menu

Articles of Amendment to Articles of Incorporation of

filed with the Florida Dept. of State)
Corporation (if known)
Flortida Profit Corporation adopts the following amendment(s) t
The new
ompany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
2024 JUL 28 AM 8: 55
et address)
City) , Florida
ith and accept the obligations 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, Sully 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>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			<u> </u>
Remove 3) Change			<u> </u>
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change		-	_
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

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	, , , , _ <u></u>
If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amendment.	of issued shares, dment itself:
(if not applicable, indicate N/A)	
(if not applicable. indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
<u> </u>	(no more than 90 days after amendment fil	e date)
Note: If the date inscrted in this document's effective date on the	block does not meet the applicable statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	opted by the shareholders. The number of votes cast for ufficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes ca	t for the amendment(s) was/were sufficient for approval	
by	u	
•	(voling group)	
07/26/20	4	2
Dated		· · · ·
-	AT witness for	
Signature	firector, president of other officer - if directors or officers	φ 🗇
	ed, by an incorporator — if in the hands of a receiver, truste	
	ated fiduciary by that fiduciary)	3.
	DJIMY JOSEPH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	