| (Pe | questor's Name) | |
|-------------------------|---------------------|--------------|
| (176 | questor s maille) | |
| - Δά | dress) | |
| (nu | | |
| | ldress) | |
| (Au | uless) | |
| /C9 | ty/State/Zip/Phone | - 40 |
| (Cil | .y/State/Zip/Prions | = # <i>)</i> |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| • | 3 | ŀ |
| | • | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500286366815

06/22/16--01009--019 **35.00

JUN 27 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: KISSIMMEE MO | TORS CORP | | |
|-------------------------|---|--|---|-------------|
| DOCUMENT NUM | D11000011904 | | | <u>.</u> |
| The enclosed Articles | s of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | espondence concerning this ma | tter to the following: | , | • |
| • . | PAOLA ALFAU | | | |
| • • | - | Name of Contact Person | 1 | |
| `, | KISSIMMEE MOTORS CO | RP | | • |
| | | Firm/ Company | | |
| | 121 S JOHN YOUNG PKW | Υ , | • | • |
| | | Address | | |
| | KISSIMMEE FL 34741 | | , | - |
| • | · · · · · · · · · · · · · · · · · · · | City/ State and Zip Code | e | |
| kiesi | immeemotors@gmail.com | | • • | |
| | | sed for future annual report | notification) | - |
| | inan address (to be di | | nonneutiony , | * |
| For further information | on concerning this matter, pleas | se call: | • | |
| PAOLA ALFAU | | at (.407 | 574-3555 | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Nu | ımber |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | artment 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) | |
| An Div | niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301 | ٠ |

Articles of Amendment to Articles of Incorporation of

KISSIMMEE MOTORS CORP

| (Name o | of Corporation as current | ly filed with the Florida | Dept. of State) | | |
|---|--|----------------------------|--|-------------------------------|----------|
| P11000011894 | | | | | |
| | (Document Number of | of Corporation (if known) | | | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporat | ion adopts the followi | ng amendmen | t(s) t |
| A. If amending name, enter the new na | me of the corporation: | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | The new | |
| name must be distinguishable and conduction "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or | "Co". A professional co | corporated" or the corporation name must | abbreviation t contain the | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | N/A | | | |
| | , | | | 23 | |
| | | | ALC: | 5 7 | 1 |
| | | | | | سند |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST) | | N/A | A SECTION ASSESSMENT | 22 | ~~~ |
| many and ess Many De All Post of | <u> </u> | | <u> </u> | PR | <u> </u> |
| | | | | | ر |
| | | | JRI | 0 | |
| D. If amending the registered agent an | d/on registered office add | luong in Flouida, andan dh | Ţ. | • | |
| new registered agent and/or the nev | | | e name of the | | |
| Name of New Registered Agent | AGUSTIN OROPEZA | | | | |
| Nume of New Registered Agent | 104 BLACKWATER CT | • | | _ | |
| | | reet address) | | | |
| | KISSIMMEE | rees uuaressj | 34743 | | |
| New Registered Office Address: | THE STATE OF THE S | (Cip.) | , Florida | - C - d-1 | |
| | | (City) | (Lif | Code) | |
| | • | | | | |
| New Registered Agent's Signature, if c | hanging Registered Agen | <u>t:</u> | | | |
| I hereby accept the appointment as regist | ered agent. I am familiar | with and accept the oblig | gations of the position. | | |
| • | | | • | | |
| A . | ti llason | | | | |
| | Signature of New | Registered Agent if chan | aina | _ | |

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> | Name | Address |
| 1) Change | P | PAOLA I. ALFAU | 1648 LOUIS DR |
| Add X Remove | | | KISSIMMEE FL 34758 |
| 2) Change | P | AGUSTIN OROPEZA | 104 BLACKWATER CT |
| X Add | | | KISSIMMEE FL 34743 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | · | |
| Remove | | | |
| 0 0' | | , | • |
| 6) Change Add | | | |
| Adu | | | |

| E. <u>If a</u> (Att N/Å | mending or ad ach additional s | ding additional Articles, if necessary). | cles, enter cha (Be specific) | nge(s) here: | | | |
|-------------------------------|-----------------------------------|--|--|---------------------------------------|--------------------|--------------|-------------|
| N/A | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | • | | | |
| | | | | | | | |
| | | | | · | | | |
| | | | | | | | |
| | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | · | | | | | |
| | | | | | | | |
| | | | ······································ | | · | | |
| | | | | | | | |
| | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | · . | | | | |
| | | | | | | | |
| F. If s | n amendment | provides for an excl | nange, reclassi | ication, or car | icellation of issi | ied shares. | |
| DI | <u>rovisions for im</u> | plementing the ame | ndment if not | contained in tl | ne amendment i | tself: | |
| | (if not applic | able, indicate N/A) | | | | | |
| N/A | | | | | | | |
| | | | | | | | |
| | · · · · | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | • | | | | | |
| | | | · | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | • | | | | | |

| | 06/17/2016 | |
|--|---|----------------------|
| The date of each amendment(s) addate this document was signed. | doption: | _, if other than the |
| | 22/2016 | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bedocument's effective date on the De | block does not meet the applicable statutory filing requirements, this date will epartment of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. | |
| | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were add action was not required. | opted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were adaction was not required. | opted by the incorporators without shareholder action and shareholder | |
| 06/17/201 Dated | 6 h | |
| Signature | 1097 | _ |
| selecto | director, president or other officer—if directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) | |
| | EDGAR R ALFAU | |
| | (Typed or printed name of person signing) | |
| | VICE PRESIDENT | |
| | (Title of person signing) | |