

P110000028141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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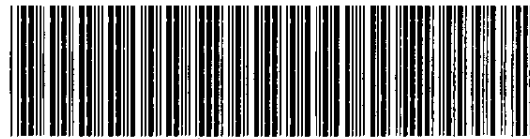
(Business Entity Name)

(Document Number)

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Amended

05/04/11--01040--030 **43.75

FILED
2011 MAY -4 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOR
5/12/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEW RIDE AUTO INC.

DOCUMENT NUMBER: P11000028141

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

Please return all correspondence concerning this matter to the following:

ARJA HELENA HEIKKINEN

Name of Contact Person

NEW RIDE AUTO INC

Firm/ Company

15 FERRY PLACE

Address

ST. AUGUSTINE FLORIDA 32084

City/ State and Zip Code

CARDAD1320@AOL.COL

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

For further information concerning this matter, please call:

ARJA HELENA HEIKKINEN

Name of Contact Person

at (386) 546-6637

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

NEW RIDE AUTO INC.

2011 MAY -4 AM 10:16

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

P11000028141

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office
(Principal office address MUS)**

**s, if applicable:
STREET ADDRESS**

ARJA HELENA HEIKKINEN

15 FERRY PLACE

ST AUGUSTINE FLORIDA 32084

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

15 FERRY PLACE

ST AUGUSTINE
FLORIDA 32084

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

ARJA HELENA HEIKKINEN

15 FERRY PLACE

New Registered Office Address:

(Florida street address)

ST AUGUSTINE

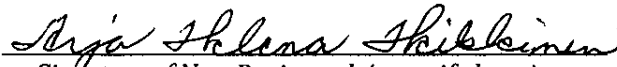
(City)

Florida 32084

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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-S-T | HELENA HEIKKINEN | 15 FERRY PLACE ST AUGUSTINE FLORIDA 32084 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| P-S-T | ARJA HELENA HEIKKINEN | 15 FERRY PLACE ST AUGUSTINE FLORIDA 32084 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input 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)
 A MEETING WAS HELD MAY 2, 2011 IT WAS AGREED TO CHANGE THE NAME
 OF THE CORP. OFFICERS FROM HELENA HEIKKINEN TO ARJA HELENA
 HEIKKINEN.

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)

The date of each amendment(s) adoption: 2 MAY 2011

(date of adoption is required)

Effective date if applicable: 2 MAY 2011

(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 ARJA HELENA HEIKKINEN."
(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 MAY 2, 2011

Signature

Arja Helena Heikkinen

Director, president or other officer – if directors or officers have not been
1, by an incorporator – if in the hands of a receiver, trustee, or other court
ed fiduciary by that fiduciary)

ARJA HELENA HEIKKINEN

(Typed or printed name of person signing)

PRES

(Title of person signing)