P11000029188

Office Use Only



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SECRETARY OF STATE
FALL ARASSEE, PLORIOA

AND AND FILED

C. LEWIS
FEB 1 3 2014
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: DAME AL BER: P11000029 | JTO SALES I 188 | NC | | |
|--|---|--|--|--|--|
| | of Amendment and fee are si | | | | |
| Please return all corres | spondence concerning this ma | atter to the following: | | | |
| | DAM | IION HEMMIN | IGS | | |
| | Name of Contact Person | | | | |
| | 000 | Firm/ Company | | | |
| | 339 E MYERS BLVD | | | | |
| | MASCOTTE, FL 34753 | | | | |
| | City/ State and Zip Code | | | | |
| | DAME1AL | JTO@GMAIL. | COM | | |
| | E-mail address: (to be u | sed for future annual report | notification) | | |
| For further information | concerning this matter, please | se call: | | | |
| DAMI | ON HEMMING | S _{at (} 352 | 261-0878 | | |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | 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) | | |
| Mailing Address Amendment Section Division of Corporations | | Amend | Address ment Section n of Corporations | | |

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

APPROVEL AND FILED

Articles of Amendment **Articles of Incorporation** of

14 FEB 10 AM 11: 10

SECRETARY OF STATE FALLAHASSEE, FLORICA

DAME AUTOSALES INC

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

P11000029188

ent(s) to

| oration," "company," or "incorporated" or the a or "Co". A professional corporation name must tion "P.A." | bbre conta |
|---|-----------------------------|
| | |
| | - |
| | - |
| address in Florida, enter the name of the | - |
| urt.35. | |
| da street address) | |
| (City) , Florida(Zip Code) | - |
| | da street address), Florida |

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> | Address |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 4) L Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | 4 (4.11) | |
| Add | | | |
| Remove | | | |

| amending or adding additional Arti attach additional sheets, if necessary). | (Be specific) |
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| an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| orovisions for implementing the amer (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| (if not applicable, maleute (m/l) | |
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APPROYEL AND FILED

| The date of each amendment(s) adoption: | 2/06/2014 | SECRETARY OF STATE FALLAHASSEE, PLORIDA |
|---|--------------------------------|---|
| date this document was signed. | | TALLAHASSEE, PLOPIDA |
| Effective date if applicable: | | |
| (no more | than 90 days after amendme | ent file date) |
| Adoption of Amendment(s) (CHECK ONE | <u>2</u>) | |
| The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval. | rs. The number of votes cast | for the amendment(s) |
| The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities. | | |
| "The number of votes cast for the amendment(s) v | vas/were sufficient for approv | val |
| by(voting group) | | ,, |
| (voting group) | | |
| The amendment(s) was/were adopted by the board of di action was not required. | rectors without shareholder a | ction and shareholder |
| The amendment(s) was/were adopted by the incorporate action was not required. | ors without shareholder action | and shareholder |
| Dated 2/06/2014 | | |
| Signature D | | |
| (By a director, president or oth selected, by an incorporator – | | |
| appointed fiduciary by that fid | | rustee, or other court |
| | DAMION HEMMING | S |
| (Тур | ed or printed name of person | signing) |
| | PRESIDENT | |
| | (Title of person signing) | |