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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: G. Rayo	L H Auto Sales, Inc.
DOCUMENT NUMBER: P1100030	ΣΓα
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Kathy L	. Cole of Contact Person
Tamptax	Accountancy, Inc.
309 W.r	M. L. King Blud. Address
Tampa, F	ate and Zip Code
E-mail address: (to be used for t	uture annual report notification)
For further information concerning this matter, pleas	se call:
Name of Contact Person	at (<u>\$13</u>) <u>966-8543</u> 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	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of (Name of Corporation as currently filed with the Florida Dept. of State) (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 t			
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	designation "Corp," "Inc," or "C	Co". A professional co	The new I' or the orporation
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			
		·	· · · · · .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)		
D. If amending the registered agent and/or reg new registered agent and/or the new register		, enter the name of th	<u>e</u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
_		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		t the obligations of the	position.
Sia	mature of New Registered Agent i	f changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being semoved and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u> Name Address Type of Action ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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: $03^{\circ}01^{\circ}$ 2011
* Effective date if applicable.	(date of adoption is required) $(C - C) = 2 C + 1$
Effective date <u>if applicable</u> : (n	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	."
(vo	ting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated OS	-12-2011 Houa Nepburn
(By a d selected	Iloua Des burn irector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
_	Gloria Hepburn (Typed or printed name of person signing)
	Director (Title of person signing)