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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AUTOMOVIL IN	C.	
DOCUMENT NUMB	ER: P11000078840		····
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LINDA ROTH, ESQ.		
-		Name of Contact Person	
	LINDA ROTH, P.A.		
-		Firm/ Company	
	2333 Brickell Avenue, Suite	A-1	
-		Address	
	Miami, Fl 33129		
-		City/ State and Zip Cod	е
lr@lin	darothlaw.com		
.	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Linda Roth, Esq.		at (305	774-7070 de & Daytime Telephone Number
Name 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AUTOMOVIL INC					
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dep	ot. of State)		
P11000078840					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation a	adopts the following	g amene	dment(s) to
A. If amending name, enter the new na	ame of the corporation:				
				The .	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor		brevia	tion
B. Enter new principal office address,	if applicable:	9800 NW 27 Avenue			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Miami, Fl 33147	رر, در,	20	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Cive ALL	1¥ 61	
		9800 NW 27 Avenue	AliAs	612	Empires Appression App
		Miami, Fl 33147	<u>r</u> r	PH I	- % \$ 7 : - 7 " "
		F.			
D. If amending the registered agent an new registered agent and/or the new			me of the		
Name of New Registered Agent	GUILLERMO GONZAI				
Nume of New Registered Agent	8004 NW 154 ST , Suite	121	 		
	(Florida s	treet address)			
New Registered Office Address:	Miami Lakes		. Florida		
		(City)	(Zip C	Code)	
New Registered Agent's Signature, if of I hereby accept the appointment as registed.			ns of the position.		
	Signature of New	Begistered 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)

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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	p	GUILLERMO GONZALEZ	8004 NW 154 ST
X Add			SUITE 121
Remove			MIAMI LAKES, FL 33016
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Remove			

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)		
		-	
<u></u>	_ 		<u> </u>
			 -
<u> </u>			
			
			-
		<u></u>	
	. <u></u>		
f an amendment provides for an excl provisions for implementing the ame	nange, reclassification, or	cancellation of issued	shares,
(if not applicable, indicate N/A)	nament if not contained	in the amengment riser	<u></u>
		_	_
			<u> </u>
			·
	_	<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendmen by the shareholders was/were sufficient for approval.	ī(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	n purt
GUILLERMO GONZALEZ	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<u></u> _