P11000087383

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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06-18-/2

COVER LETTER

TO: Amendment Section Division of Corporations ampa Auto Export, Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ine Lawn Ave.

Address For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **∑**\$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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 the state of th
Tampa Auto Export, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P11000087383
(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:
1/A
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 address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
\mathcal{T}
11136 Creekhaven Dr. (Florida street address)
P'10 110
New Registered Office Address: KIVETVIEW, Florida 33569
(Chy)
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.
- J-J-V-J
Signduire 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)

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 <math>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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add		y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change X Add Remove	DV	David De La Cruz	11/36 Cree Khaven Dr Livervion FL 33569
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		·	
6) Change Add Remove			

E. If amending or adding additional Ar (attach additional sheets, if necessary)	rticles, enter change(s) . (Be specific)	here: N/A	
		•	
	· · · · · ·		
7. If an amountment monides for an an	alaanaa aa laadata dhaadhaadhaadhaadhaadhaadhaadhaadhaadh	. Not be a	
F. If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	nendment if not contain	ined in the amendment itself:	
14/1)			

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
by	
,	(voting group)
The amendment(s) was/were adopaction was not required. Dated	pted by the incorporators without shareholder action and shareholder
Signature	of the
(By a di	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
-	Edison R. De La Cruz (Typed or printed name of person signing)
	Description +
	PIPEICIPIC

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