## P11000097082

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## COVER LETTER

Division of Corporations
NAME OF CORPORATION: YASIR MILAN AUTO SALES INCOCUMENT NUMBER: P11 0000 97082
DOCUMENT NUMBER: P 11 0000 97082
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
PEARL MOSES  Name of Contact Person
Y ASIR MILAN AUTO SAles Firm/Company
5904 NW93 TER
Address
TAMARAC II 33321
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
, , , , , , , , , , , , , , , , , , ,
For further information concerning this matter, please call;
Pear Moses - at 954 678-7746  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Piling Fee  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Malling Address Street Address
Amendment Section  Division of Corporations  Amendment Section  Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

(Name of Corporation as (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:

ADDRESS )			 	
ristered office address in Flor	da, enter the name o	(the	25	
		•	<del></del>	
(Florida street address)		•	8	
(City)	, Florida	(Zip Code)		
g Registered Agent: con. I am familiar with and acc	cept the obligations of	the positio	п.	
	Corp." "Inc." or "Co". A pro- the abbreviation "P.A."  ADDRESS  EBOX  Eistered office address in Flori ered office address:  (Florida street address)  (City)	Corp." "Inc." or "Co". A professional corporation the abbreviation "P.A."  ADDRESS  Sistered office address in Florida, enter the name of ered office address:  (Florida street address)  (Florida street address)  Registered Agent:	Corp." "Inc." or "Co". A professional corporation name must the abbreviation "P.A."  ADDRESS )  Sistered office address in Florida, enter the name of the ered office address:  (Florida street address)  (Florida street address)  Registered Agent:	eistered office address in Florida, enter the name of the ered office address:  (Florida street address)  (City)  (Zip Code)

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, Salty Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

Example:

X Change	PT John D	<b>05</b>	
X Remove	Y Mike I	ones	
_X ∧dd	SV Saily St	mith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	VICE-Pre	sident, Pearl MOSES	5904 NW93 TER TAMARACH13332
2) Change			
Remove 3) Change Add			
Remove  4) Change Add Remove			
5) Change Add Remove			
€ Change			

	7/21/2014
E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)	, , ,
DresiDent: NORKA Urriharri	50/
President: NORKA urribarri Vice- President: pearl moses	Z 0,
VICE- PIEST BEITT PEDP   MIDSES	<u> </u>
If an amendment provides for an exchange, reclassification, or encellation of issue provisions for implementing the amendment if not contained in the amendment it.	<u>ed shares.</u> self:
(if not applicable. indicate N/A)	
	A

date of each amendment(s) add to this document was signed.	option: 7-21-14	, if other than
Sective date if applicable:	7-21-2014	
_	(no more than 90 days after amendment file date)	
loption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s)	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.  The amendment(s) was/were adop	sted by the board of directors without shareholder action and shareholder sted by the incorporators without shareholder action and shareholder	
action was not required.	1-21-14 Na Vnilano	
(By a dir selected	pector, president or other officer — if directors or officers have not been, by an incorporator — if in the hands of a receiver, trustee, or other court and fiductory by that fiductory)	<del></del>
4	NORKA UREIBARE (Typed or printed name of person signing)	<u> </u>
<b>.</b>	(Typed or printed name of person signing)	
<b>J</b>	President	
	(Title of person signing)	