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COVER LETTER

TO: Amendment Section Division of Corporations

The state of the s

NAME OF CORPOR	ATION: CLASSIQUE AUT	O SALES, INC.	
DOCUMENT NUMB	P11000100238		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
5	STEVE O MENDEZ		
-		Name of Contact Person	1
-		Firm/ Company	
1	1314 E LAS OLAS BLVD#	1502	
-		Address	
1	FORT LAUDERDALE, FL	33301	
_		City/ State and Zip Code	:
	AVALANCHEFINL@GMA	IL.COM	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
CLIFFORD WALKER		at (⁹⁵⁴	638-7673
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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

CLASSIOUE	AUTO SALES	. INC

CLASSIQUE AUTO SALES, INC (Name of Corporation as curre	ently filed with the Florida	Dent. of State)	
P11000100238		,	
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corporati</i>	on adopts the following amenda	ment(s) I
A. If amending name, enter the new name of the corporation	<u>:</u>		
		The n	ew'
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corporation		
B. Enter new principal office address, if applicable:			_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		1001	
			_
			-
C. Enter new mailing address, if applicable:		رآ	
(Mailing address MAY BE A POST OFFICE BOX)		7	-
		<u>-</u>	?
			- <u>-</u>
			-
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		e name of the	
Name of New Registered Agent			
	a street address)		
	,		
New Registered Office Address:	(City)	, Florida (Z.p Code)	-
	(4,)	(in color)	
New Registered Agent's Signature, if changing Registered Ag			
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obliga	utions of the position.	
Signature of Ne	w Registered Agent, if chang	ing	
	The same of the same of same of	····o	
Check if applicable	11) /-> E.C.		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.		

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>	<u>Addres</u> s
l) Change	CEO	JENNIFER MCDONOUGH	1314 E. LAS OLAS BULD
X Add			SUITE 1502
Remove			FT LAUDERDALE FL 3330
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(tj not applicable, mateale N/A)		
		
<u> </u>		

SEPTEMBER 25, 2020 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 date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) **SEPTEMBER 25, 2020** Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary STEVE O MENDEZ (Typed or printed name of person signing) PRESIDENT

(Title of person signing)