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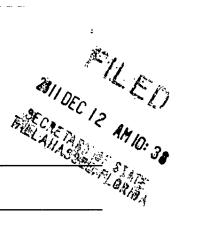
SCORETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PROFESSIONA	L AUTO GROUP INC			
DOCUMENT NUMBER: P11000100752				
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
ALEX SZABO	Name of Contact Person			
PROFESSIONAL AUTO GROU	JP INC Firm/ Company			
4501 S US 1				
	Address			
FT PIERCE FL 34982	City/ State and Zip Code			
	Thy State and Zip Code			
incartec@hotmail.com E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, ple	ase call:			
ALEX SZABO	at (772) 6266021			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	e payable to the Florida Department of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$43.75 Filing Fee & Certificate of Status Certified Copy (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



PROFESSIONAL AUTO GROUP INC

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (i	
(Document Number of Corporation (1	i known)
suant to the provisions of section 607.1006, Florida Statutes, tendment(s) to its Articles of Incorporation:	his Florida Profit Corporation adopts the follo
If amending name, enter the new name of the corporation:	
new name must be distinguishable and contain the word "corpo reviation "Corp.," "Inc.," or Co.," or the designation "Corp," ne must contain the word "chartered," "professional association,	"Inc," or "Co". A professional corporation
Enter new principal office address, if applicable:	
ncipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
If amending the registered agent and/or registered office addr	tess in Florida, entar the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent:	
name of their register out rigori.	
(Florida stre	ret address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
Basican I Amada Cima and It I amin Basican I Amada	
Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.
,	
Signature of New Registered A	agent if abayaiya

REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be rem tle(s) Name Title(s) Name	itle(s)	Name	Address
T ARGINEL VAN UYTRECHT 2298 SW PLYMOUNTH ST PORT ST LUCIE FL 34953 REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be rem tle(s) Name Title(s) Name	<u>P</u>	ALEX S SZABO	
REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be rem tle(s) Name Title(s) Name			PORT ST LUCIE FL 34983
REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be rem tle(s) Name Title(s) Name	Т	ARGINEL VAN UYTRECHT	2298 SW PLYMOUNTH ST
REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be rem tle(s) Name Title(s) Name			PORT ST LUCIE FL 34953
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<u>le(s)</u> <u>Name</u> <u>Title(s)</u> <u>Name</u>			
	REMOVING:	an officer and/or director, please list the title	e(s) and name of the officer/director to be removed.
,	le(s)	Name <u>T</u>	itle(s) Name
4)		4	
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E. If amending or addi (attach additional she MR Alex S Szabo wil	ets, if necessary). I be the only owner	(Be specific) of the bussines.	ects) Here.		
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	nent provides for an exchange, reclassification, or cancellation of issued shares, r implementing the amendment if not contained in the amendment itself:
	olicable, indicate N/A)
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	100
he date of each	amendment(s) adoption:
	,
ffective date <u>if a</u>	pplicable: 12/09/2011
	(no more than 90 days after amendment file date)
doption of Ame	ndment(s) (CHECK ONE)
	(<u>enzenzo, na</u>)
The amendmen	t(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
	lders was/were sufficient for approval.
-	••
	t(s) was/were approved by the shareholders through voting groups. The following statement
must be separa	stely provided for each voting group entitled to vote separately on the amendment(s):
"The num	ther of votes cast for the amendment(s) was/were sufficient for approval
The nam	toer or votes cast for the amendment(s) was/were sufficient for approvar
by	"
- , <u></u>	(voting group)
_	
	t(s) was/were adopted by the board of directors without shareholder action and shareholder
action was not a	required.
1 m 1	
	t(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not r	equired.
	17/0///
i	Dated 12/9/11
9	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)
	11 6 62 6
	(Typed or, printed name of person signing)
	(Typed or printed name of person signing)
	0
	President.
	(Title of person signing)