(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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## COVER LETTER

TO: Amendment Section

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

11 Oto S PM 3:30

Δ	4-
ESPITIA AUTO SALES	
(Name of Corporation as currently filed with the	ne Florida Dept. of State)
P11000101036	
(Document Number of Corporatio	on (if known)
rsuant to the provisions of section 607.1006, Florida Statute tendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the fo
If amending name, enter the new name of the corporation:	<u>:</u>
e new name must be distinguishable and contain the word "co breviation "Corp.," "Inc.," or Co.," or the designation "Co me must contain the word "chartered," "professional associate	rp," "Inc," or "Co". A professional corporation
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	4206 STATE ROAD 571
	4206 STATE ROAD 571 PLANT CITY, FL 33563
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	address in Florida, enter the name of the
	address in Florida, enter the name of the ress:
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office a	iddress in Florida, enter the name of the ress:
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office a new registered agent and/or the new registered office address and/or the new registered office ad	iddress in Florida, enter the name of the ress:
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office a new registered agent and/or the new registered office address Name of New Registered Agent:	address in Florida, enter the name of the ress:
If amending the registered agent and/or registered office a new registered agent and/or the new registered office address:  (Florida New Registered Office Address:	ress:

Page 1 of 4

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Add	<u>lress</u>
1 <u>)</u> P	lobert	O ESPITIA	- 4 <sup>4</sup>	ant City FC 33567
2) <u>VP</u>	Jose 1	JARTINEZ	210 Pla	06 N Adams St ant City FL 33563
3)				
4)			· —	
5)				
6)			_	
If REMOVING	an officer and/or dir	ector, please list the	title(s) and nan	ne of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	Name
1)			4)	
2)			5)	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
<u></u>	
	<del></del>

provisions t	for implementing the amendment if not contained in the amendment itself:
(ij not aj	pplicable, indicate N/A)
· · · · · · · · · · · · · · · · · · ·	
The date of each	n amendment(s) adoption:
Effective date <u>if</u>	applicable:
	(no more than 90 days after amendment file date)
Adoption of Am	endment(s) ( <u>CHECK ONE</u> )
<b>-</b>	
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) colders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statement rately provided for each voting group entitled to vote separately on the amendment(s):
	mber of votes cast for the amendment(s) was/were sufficient for approval
hv	33
<i>b</i>	(voting group)
	ent(s) was/were adopted by the board of directors without shareholder action and shareholder
The amendme action was not	ent(s) was/were adopted by the incorporators without shareholder action and shareholder trequired.
	Dated 11-28-2011 Signature Posterto Epilia
	Signature Fisherto Epilia
	(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)
	RORERTO ECDINA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)