\$11000106556

(Requestor's Name)				
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filina Officer:			
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COVER_LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: J 20 C AUT	O SALES INC	
DOCUMENT NUM	BER: P1100010655	6	
	of Amendment and fee are su		
	-,		
Please return all corre	spondence concerning this ma	tter to the following:	
	ERIC F MOLINA		
		Name of Contact Persor	1
	J 20 C AUTO SA	LES INC	
		Firm/ Company	
	4147 N DIXIE HV	VY	
		Address	
	OAKLAND PARK	(, FL 33334	
		City/ State and Zip Code	
	E-mail address: (to be us	sed for future annual report	notification)
	(-
For further information	on concerning this matter, pleas	se call:	
ERIC F MOL	INA	at (954	, 537-9200
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or 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	□\$52.50 Filing Fee Certificate of Status Certified Copy
enclosed) (Additional Copy			
			is enclosed)
	iling Address		Address
Amendment Section Division of Corporations P.O. Box 6327			ment Section
			n of Corporations Building
Tallahassee, FL 32314			xecutive Center Circle
1 ananassee, FL 32314			assee FI 32301

Articles of Amendment Articles of Incorporation



J 20 C AUTO SALES INC

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

P11000106556

(Document Number	of Corporation (if known)	**
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new name of the I 20 C AUTO SALES INC	corporation:	The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co". A professional corporation	ited" or the abbreviation
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register		of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City), Florida_	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations o	of the position.
Signature o	f New Registered Agent, if changing	

Page 1 of 4

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)	Title	Name	<u>Addres</u> s
1) Change Add Remove	·		
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 Artic attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	W-1	
	Control W-10-10-10-10-10-10-10-10-10-10-10-10-10-	
	Print Washington Co.	
	and the state of t	
		
	Washington Control of the Control of	
		·
F. ,	If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) a	doption: 01-16-20	12
Effective date if applicable: 01	-16-2012	
	(no more th	han 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were so		. The number of votes cast for the amendment(s)
		rs through voting groups. The following statement ed to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was	s/were sufficient for approval
by	(voting group)	99
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of dire	ectors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators	s without shareholder action and shareholder
Dated 01-16	-2012	<u> </u>
Signature	in Moli	No
selecto		r officer – if directors or officers have not been f in the hands of a receiver, trustee, or other court ciary)
	ERIC 1	F MOLINA
	(Typed or pri	inted name of person signing)
	<u> </u>	INER
	(Title of p	person signing)