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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ABC AUTO BRO	KERS INC	
DOCUMENT NUMBE	R: P12000002751	,	
	**Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		JOSE QUINONEZ	
		Name of Contact Persor	1
		ABC AUTO BROKERS I	NC
_		Firm/ Company	
		3116 US HWY 98 N	
-		Address	
		LAKELAND, FL 33805	;
		City/ State and Zip Cod-	e
ARCA	UTOBROKER@GMAIL.C	011	
	ŭ	sed for future annual report	notification)
For further information (concerning this matter, pleas	se call:	
JOSE QUINONEZ		863 at (de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations lox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

.

ABC AUTO BROKERS INC

2018 OCT 22 PM 3: 25

to

		ZUIO ULI ZZ PH 3: Z3
(Name of Cor	poration as currently filed with th	ne Florida Dept. of State)
	P12000002751	SECRETARY OF STATE TALLAHASSEE, FL
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit	Corporation adopts the following amendment(
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc." or "Co". A profe	v," or "incorporated" or the abbreviation essional corporation name must contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or r new registered agent and/or the new regis		a, enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin		
l hereby accept the appointment as registered a	gent. I am familiar with and accep	of the obligations of the position.
	Signature of New Registered Age.	nt if changing

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
1) Change	S	DIAZ, JUAN CARLOS	5818 OLENDER DRIVE
Add			LAKELAND, FL 33809
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
(10000000000000000000000000000000000000	in spray.	
<u></u> -		
	<u> </u>	
		
•		
· -		
·		
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		
	····	

date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	10/16/2018
Signature	M
(By a di	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MIGUEL LOUTFI
	(Typed or printed name of person signing)
	PRESIDEN'T
	(Title of person signing)