## P12000013998

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF SIMILE DIVISION OF CORPORATIONS

Anund 103/12/12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ANTONIO	AUTO SALE IN	С
DOCUMENT NUMBER: P12000013998			
The enclosed Articles of	f Amendment and fee are s	ubmitted for filing.	
Please return all corresp	oondence concerning this ma	atter to the following:	
_	AN	NTONIO RODRI	GUEZ
		Name of Contact Perso	on .
-		Firm/ Company	
_		1348 NE 178 S	) <u> </u>
	NORTH MIAMI BEACH, FLORIDA 33162		
		City/ State and Zip Coc	le
		MARTORELLOF	
	E-mail address: (to be u	sed for future annual report	t notification)
For further information	concerning this matter, plea	se call:	
JEREMIAS M	ARTORELL	at (786	, 5867927
Name of	Contact Person		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)	□\$52.50 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		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle
		Tallaha	assee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

ANTONIO A	AUTO	SALE	INC
-----------	------	------	-----

(Name of Corporation as currently	o filed with the Florida D.		<del></del>
P12000013998	Theu with the Florida Di	ept. or state)	
	of Corporation (if known)		<del></del>
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida F</i>	Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or th	rp," "Inc," or "Co". A	pany," or "incorporated" or professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicat			
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS )		
	<del>-</del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)		
	<del></del>		
			——2 H
	<u></u>		
D. If amending the registered agent and/or regist new registered agent and/or the new registere		rida, enter the name of the	1 6 A
	eu office audress:		A -7 AM 8: 53
Name of New Registered Agent			٠, كن المَّالِينَّةِ الْمِنْ ا
	(Florida street address	1	<i>بي</i> <b>ري</b>
	(Pioriaa sireei aaaress)	,	
New Registered Office Address:	(City)	, Florida(Zip Cod	de)
	. ,	•	,
New Registered Agent's Signature, if changing Red hereby accept the appointment as registered agent.	egistered Agent:  I am familiar with and a	ccept the obligations of the posi	ition.
	•	. 0 , , ,	
Signature of 1	New Registered Agent, if ch	nanging	

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 Add X Remove	Р	RODRIGUEZ ,GEOVANI A	11046 W FLAGLER ST MIAMI FLORIDA 33174
2) Change Add Remove	Р	RODRIGUEZ,GEOVANNY A	1348 NE 178 ST NORTH MIAMI BEACH,FLORIDA 33162
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<del></del>		
6) Change Add Remove			

amending or adding additional Artic tach additional sheets, if necessary).	(Be specific)
amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
ovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij noi applicante, maicale 1971)	

The date of each amendmen	M(s) adoption: 2/2//2012
Effective date if applicable:	( 1 00 l G G G G G G G G G G G G G G G G G
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 2/2	27/2012
Signature	Sevena Solo Solo Suc
(	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 compounted fiduciary by that fiduciary)
MINIMUM IN THE PROPERTY OF THE	RODRIGUEZ, GEOVANNY
STAR OTAR OF THE	(Typed or printed name of person signing)
My Comm. Expires	PRESIDENT
No. DD909230	(Title of person signing)
No. DD909230	
. attillum.	State of / OR OB County of MIANI-SASE
	On this 2 7 day of Fees Ruary 2011 before me personally appeared
	to me known to be the person who executed the
	foregoing-instrument, and acknowledged that he executed the same as his free act and deed.  SEAL (signed)
	Notary, Public