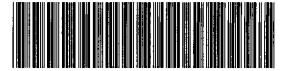
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<i>"</i> ,			

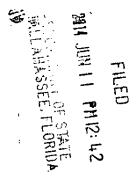
Office Use Only



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6/25/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Totalnation Au	to Pro Inc.	
DOCUMENT NUME	BER: P12000028938	**************************************	verth control of the state of t
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Cleo		
•	0.00	Name of Contact Pers	on
	Totalnation Auto Pro		
		Sirm Company	
	4713 Orange Dr		
		Address	
	Davie FL 33314		
		City/ State and Zip Co	de
cleod	glan@me.com		
<u>`</u>		sed for future annual repo	rt notification)
For further information	n concerning this matter, pleas	se call:	
Cleo or Natalie		_{2t (} 305	, 775-2292
Name o	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:
335 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filling Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Cordificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		Amer Divis Clifte	t Address Indment Section Ion of Corporations Industry Industr

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Articles of Incorporation	•	
	of	FILED	
Totalnation Auto Pro Inc.		· · · · · · · · · · · · · · · · · · ·	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)	· 2914 JUN 1 1	M 12: 42
P12000028938		. Valla 200	IF STATE.
(Document Nu	imber of Corporation (if known)	MILLIHASSEE	FLORIUA
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this <i>Florida Profit Corporati</i>		
A. If amending name, enter the new name	of the corporation:		
	the word "corporation," "company," or "in "Corp," "Inc," or "Co". A professional co " or the abbreviation "P.A."	corporated" or the abb	
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE</u>			
C. <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OF F</u>			
D. <u>if amending the registered agent and/or new registered agent and/or the new registered Agent</u> <u>Name of New Registered Agent</u>	registered office address in Florida, enter the pistered office address:	name of the	
	(Florida street address)		
New Registered Office Address.	, Flo	orida (Zip Code)	
	agent. I am familiar with and accept the oblig	ations of the position.	
Sionati	ure of New Registered Agent, 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.

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	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Natalie Veronica Morales	19501 W Country Club Dr.
Add			Apt. 413
Remove			Aventura FL 33180
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
()			,
5) Change			
Add			
Remove			18.40

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 06/01/2014	
Signature Cala Halos	-
(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)	•
Chantal G. Salas	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	