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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: HOWELL'S MOTOR COMPANY INC. DOCUMENT NUMBER: P12000029035 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANNEKA HOWELL Name of Contact Person HOWELL'S MOTOR COMPANY INC. Firm/ Company 3001 US 1 Address FORT PIERCE FL 34946 City/ State and Zip Code HOWELLSMOTORCOMPANYINC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 707-2054

Area Code & Daytime Telephone Number ANNEKA HOWELL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy 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



HOWELL'S MOTOR COMPANY INC.

2018 AUG 30 PM 12: 01

(Name of Corporation as curr			
12000029035	(Name of Corporation as currently filed with the Florida Dept. of Stats AATE 35 LIR TANTOUT STALLAHASSEE, FL		
	ner of Corporation (if known)		
rrsuant to the provisions of section 607.1006, Florida Statutes. Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen		
If amending name, enter the new name of the corporation SED CARS ENTERPRISE INC	_		
une must be distinguishable and contain the word "corpor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviati	The new ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A."		
Enter new principal office address, if applicable:	2421 N US HIGHWAY 1		
rincipal office address MUST BE A STREET ADDRESS)	FORT PIERCE FL 34946		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2421 N US HIGHWAY 1		
The state of the s	FORT PIERCE FL 34946		
. If amending the registered agent and/or registered office :	address in Florida, enter the name of the		
new registered agent and/or the new registered office add			
Name of New Registered Agent			
2421 N US HIGHWA	AY 1		
	da street address)		
(Floria New Registered Office Address:	, Florida		

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	P	ANNEKA HOWELL	2421 N US HIGHWAY 1
Add			FORT PIERCE FL 34946
Remove			
2) Change		_	
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change		_	
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			_
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) OFFICER/DIRECTOR DETAIL
ONLY THE ADDRESS OF THE OFFICER IS CHANGING NOT THE NAME NOR TITLE.
F. If 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)

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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.	
8/27/2018	
Dated	
Signature(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)	
ANNEKA HOWELL	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)