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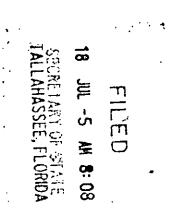
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JUL 1 0 2018 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HIGH CLASS AU	ITO PARTS INC			
DOCUMENT NUM	BER: P12000071131				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Marino Guzman				
	Name of Contact Person				
		Firm/ Company			
	2355 ALI BABA AVE				
	Address OPA LOCKA, FL 33054				
		City/ State and Zip Coc	le		
enrio	que@cpaservicescorp.com	,			
		sed for future annual report	t notification)		
For further information	on concerning this matter, pleas	se call:			
Enrique Nowogrodz	zki	at (400-1040		
Name	of Contact Person	Area Code & Daytime Telephone Nun			
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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		· · · · · · · · · · · · · · · · · · ·	Address dment Section		
	ision of Corporations	Division of Corporations			
P.O. Box 6327 Clif			n Building		
Tal	lahassee, FL 32314	2661 i	Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HIGH CLASS AUTO PARTS INC						
(Name o	of Corporation as curre	ntly filed with the Flori	da Dept. of State)		
P12000071131						
	(Document Number	of Corporation (if know	n)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corpor	ration adopts the fo	ollowing	amend	lment(s) to
A. If amending name, enter the new na	me of the corporation:					
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional		the abl		ion
B. Enter new principal office address, (Principal office address MUST BE A S		n/a 			<u>- </u>	-
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		n/a		SECRETAR)	18 JUL -5	FIL
D. If amending the registered agent an new registered agent and/or the new	w registered office addre		the name of the	OF STATE EE; FLORID	80 :8 KW. S	-M D
Name of New Registered Agent	n/a			<u> </u>	a	
	(Florida	street address)	-3.,			
New Registered Office Address:	n/a		, Florida_			
		(City)		(Zip Ce	Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ligations of the po	osition.		

Signature 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.

Example: X Change	<u>PT</u>	John De	n <u>e</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	Р		Maritza Ramona Ovalles Didone	2355 ALI BABA AVE
X Add		_		OPA LOCKA, FL 33054
Remove				
2) Change			PENA, PETER	2355 ALI BABA AVE
Add		_		OPA LOCKA, FL 33054
X Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) 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)	
n/a	
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)	
n/a	

The date of each amendment(s) add date this document was signed.	option:	, if other than the
uate this document was signed.		
Effective date if applicable:	(no more than 90) days after amendment file date)	
	(no more than 91) aays after amenament fue date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat artment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s licient for approval.)
	oved by the shareholders through voting groups. The following statementach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	nted by the board of directors without shareholder action and shareholde	г
☐ The amendment(s) was/were adopaction was not required.	nted by the incorporators without shareholder action and shareholder	
Dated 07 Signature	1-02-18 had	
(By a di	rector, president or other officer - if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court	l
appoint	ed fiduciary by that fiduciary	
	Hetee Hana	
·	(Typed or printed name of person signing)	
	PRES.	
·	(Title of person signing)	