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OCT 16 2012

T. ROBERTS

COVER LETTER

NAME OF CORPORATION: Affordable Auto Sales of Fort Pierce Inc.

DOCUMENT NUMBER: 46-0888923 (EIN) / P12000071562

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier Berovides
Name of Contact Person
Affordable Auto Sales of Fort Pierce Inc.
Firm/ Company
2203 Orange Avenue
Fort Pierce, FL 34950
City/ State and Zip Code
Ffordable autos fortpjerce @ gmail. com E-mail address: (to be used for future annual report nonfication)

For further information concerning this matter, please call:

TO: Amendment Section

Javier Berovides	at (772) 468-8878
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee
Certificate of Status
Certificate of Status
Certified Copy
(Additional copy is enclosed)

□ \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed)

□ \$43.75 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

	Articles of In			12 - 13/0X OF
Affordable Auto	Sales of F	•	Inc	15 OCT 15
(Name of Corporation as				ŭ
ETN: 410-0999923	/ P1200007			
	Number of Corporation (
	•	•		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following	amendment(s) to
is Articles of incorporation,				
A. If amending name, enter the new na	me of the corporation:			
_				The new
name must be distinguishable and cont. "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional associated."	ntion "Corp," "Inc," or	"Co". A professional corpor	porated" or the abi	breviation
B. Enter new principal office address, i	f applicable:	N/A		
(Principal office address MUST BE A ST				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	FFICE BOX)	N/A		
D. If amending the registered agent and new registered agent and/or the new	l <u>/or registered office add</u>	<u>ress in Florida, enter the na</u> s	me of the	
	Juan F. V	-		
Name of New Registered Agent		uter tarto	-	
	N/A		~	•
	(Florida st	reet address)		
New Registered Office Address:	N/A	, Florida		
	(City,)	(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			ns of the position.	
Sia	nature of New Registered	Agant if abayains	- -	
Sig	naure oj ivew kegistered	Agent, ij 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 <math>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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	ST	Javier Berovides	2203 Orange Avenue Fort Pierce, FL
Add Remove			34950
2) Change Add	<u>PV</u>	Juan F. Valeriano	2203 Orange Avenue Fort Prerice, FL
Remove 3) Change Add			34950
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove 6) Change			
Add			
Remove			

ach additional sheets, if necessary,	ticles, enter change(s) he (Be specific)		
I/A			
V //·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
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			<u> </u>
•			
n amendment provides for an ex	hange, reclassification, o	r cancellation of issued sha	res,
ovisions for implementing the an (if not applicable, indicate N/A)	enament it not contained	in the amendment itself:	
. /.			
/A		<u>.</u>	
		·	
	•		

The date of each amendment(s) adoption: $\frac{10/01/2012}{}$
Effective date if applicable: 10/01/2012
Effective date if applicable: 10/0/2012 (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)
(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 /0 /09 //2
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)
Javier Berovides
(Typed or printed name of person signing)
President
(Title of person signing)