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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: 7 AUTO PARTS I	NC					
	UMBER: P13000004838						
	icles of Amendment and fee are su	bmitted for filing.					
Please return all c	orrespondence concerning this ma	itter to the following:					
	MARIA JULIANA AYALD	E ESQ					
	Name of Contact Person						
	LAW OFFICE OF MARIA JULIANA AYALDE P.A.						
	Firm/ Company						
	15800 PINES BLVD SUITE 205						
	Address						
	PEMBROKE PINES FL 33027						
		City/ State and Zip Cod	e				
	mj@law-mja.com						
	E-mail address: (to be us	sed for future annual report	notification)				
For further inform	nation concerning this matter, plead	se call: at (436-6000				
Name of Contact Person			de & Daytime Telephone Number				
Enclosed is a chec	ck for the following amount made	payable to the Florida Dep	artment of State:				
S35 Filing Fe	ee	S43.75 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 The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303				

Articles of Amendment to Articles of Incorporation of

FILED

2021 NOY 22 PM 1: 39

7 AUTO PARTS INC

	of Corporation as current	y filed with the Florida I	Dept. of State REMARY OF STATE
P13000004838	(D	600	TOTALLY 1)
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	on adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" (chartered," "professional association."	Corp," "Inc," or "Co". 2	A professional corporation	
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>			
			-
C. Enter new mailing address, if appl	icahle:		
(Mailing address MAY BE A POST			
D. If amending the registered agent ar	nd/or registered office add	ress in Florida, enter the	name of the
new registered agent and/or the new	w registered office address	<u>:</u>	
Name of New Registered Agent	GERMAN HOLMAN		
	8240 NW 74 ST		
	(Florida str	reet address)	
New Registered Office Address:	MEDLEY		. Florida 33166
Negasierea Office Address		(City)	(Zip Code)
New Registered Agent's Signature, if c			et a Cella a care
I hereby accept the appointment as regist	tered agent. I am jamiliar i	with and accept the obliga	tions of the position.
	Signature of New R	egistered Agent, if changi	ng

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 V Mike Jones _X Add SVSally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) HOLMAN, GERMAN 8240 NW 74 ST 1) ____ Change MEDLEY, FL 33166 _ Add ____ Remove D NOLIVOS, GUILLERMO A 301 W 118 ST 2) ____ Change NEW YORK, NY 10026 ___ Add Remove NOLIVOS QUINTERO, HECTOR J D 8240 NW 74 ST __ Change MEDLEY, FL 33166 ____ Add Remove COO Rodriguez, Eladio Alejandro 8240 NW 74 St. 4) ____ Change _x__ Add Medley, FL 33166 ____ 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)
100 % OF THE SHARES ARE AQUIRED BY GERMAN HOLMAN
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) adop date this document was signed.	tion:	, if other than
J		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date the timent of State's records.	e will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder actio	n and shareholder
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(stient for approval.)
	red by the shareholders through voting groups. The following statement by voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated_// 09 Signature	/ Egz # / De / ()	
(By a direct selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
HE	ECTOR NOLIVOS	
_	(Typed or printed name of person signing)	
DI	RECTOR	
	(Title of person signing)	

the

the