P13000021299

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SUCRETARY OF STATE
NUMBERSHEEF FLORIDE

9/201

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TJ Auto Sales Corporation) DOCUMENT NUMBER: P13000021299
Please return all correspondence concerning this matter to the following:
Evie Nagel (Name of Person)
TJ Auto Sales Corp (Name of Firm/Company)
(Address) Par Josep
(Address) (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
Evil Nage (Name of Person) at (407) 346-559 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

TT AUTO SALES CORP	
(Name of Corporation as currently filed with the Florida Dept. of State)	_
P13000021299	
(Document Number of Corporation (if known)	_
(Document Number of Corporation (it known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) as Articles of Incorporation:	to
. If amending name, enter the new name of the corporation:	
🖼 . 🎛 e new	
me must be distinguishable and contain the word "corporation," "company," or "incorporated" of the abbreviation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name paint contain the cord "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) STORY OF TOWN OF TOWN OF THE ABOVE TO	[W]
. 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 address:	
Name of New Registered Agent	بلد بر
New Registered Office Address: <1955 S- John Your Kwy, Florida 3777/ (City) KISSIMMER (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	PRES	Richard Kinney	1983 FORTUNERO Emrannee FL
Add		·	A .
Remove	2		34744
2) Change	PRES	EVIC NAGEL	16 ALLOW CT HAINES CITY A
Add			HAINES CITY h
Remove			33889
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
MA.	
	
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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	
	·····
	
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The date of each amendment(s) adoption:	とって	IL.	2014		, if other than the
date this document was signed.					
Effective date if applicable:					···
•	(no more ti	han 90	days after ame	endment file date)	
Note: If the date inserted in this block does document's effective date on the Department o			ible statutory f	iling requirements, this	date will not be listed as the
Adoption of Amendment(s) (Cl	HECK ONE)				
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		. The	number of vote	es cast for the amendme	ent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting					ement
"The number of votes cast for the amo	endment(s) wa	s/were	sufficient for	approval	
by	oting group)			.,,,	
(ve	oting group)				
The amendment(s) was/were adopted by the action was not required.	e board of dire	ctors v	vithout shareho	older action and shareho	older
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators	s witho	out shareholder	action and shareholder	
. Dated. July	il, 2	<u>-0(</u>	6		
Signature (By a director, pre	sident or other	SAA r office	urtur er – if directors	or officers have not be	een
selected, by an inc	corporator – if	in the		eiver, trustee, or other o	
appointed fiduciar	y by that fiduo	ciary)			
	(Typed or pri		ARD ame of person	Kinning)	ey
	(1)ped of pil	_	•	signing)	•
			以じいい f person signing		
	ζ.	I Itic O	r berson signing	5/	