

| (Re | equestor's Name) | | | |
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| (Ad | dress) | | | |
| (Ad | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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SECNETARY OF STATE
ALLAMASSEE, FLORIDA

NOV 14 2013 R. WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2013

JEAN R. NABOYA IMMACULA AUTO SALES INC 411 NE 164 ST MIAMI, FL 33162

SUBJECT: IMMACULA AUTO SALES, INC.

Ref. Number: P13000040278

We have received your document for IMMACULA AUTO SALES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted two documents under 1 filing fee. Either chose one and submitt it or submitt an additional filing fee of \$35.00 to file both.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 513A00025863

Rebekah White Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section

| Division of Corporations | | |
|--|---|--|
| NAME OF CORPORATION: IMMAC DOCUMENT NUMBER: P1300004 | | ES INC. |
| The enclosed Articles of Amendment and fee ar | e submitted for filing. | |
| Please return all correspondence concerning this | matter to the following: | |
| JEAN R. NA | BOYA | |
| IMMACULA | Name of Contact Persor AUTO SALES II | |
| 411 NE 164 | | |
| MIAMI FL 33 | Address 3162 City/ State and Zip Code | |
| | @YAHOO.COM be used for future annual report blease call: | |
| JEAN R. NABOYA | _{at (} 786 | , 508-4831 |
| Name of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for the following amount ma | ade payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State | | □\$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 | Amend Divisio Clifton | Address ment Section on of Corporations Building xecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation FILED

13 NOV 12 PM 3:26

IMMACULA AUTO SALES INC

(Name of Corporation as currently filed with the Florida Dept. of State) FILE TAKE OF STATE
INANOTE

TALLAHASSEE, FLORIDA P13000040278 (Document Number of Corporation (if known)

amendment(s) to

| If amending name, enter the new name of the | corporation: | | |
|---|-------------------------------------|---|--|
| me must be distinguishable and contain the wo | and "normaration | " "Company " or "incompany" or the | |
| orp.," "Inc.," or Co.," or the designation "Cor | p," "Inc," or "C | Co". A professional corporation name m | |
| ord "chartered," "professional association," or th | | 4701 ORANGE DR | |
| b. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) | | DAVIE FL 33314 | |
| | | DAVIL I L 000 14 | |
| . Enter new mailing address, if applicable: | | 411 NE 164 ST | |
| (Mailing address MAY BE A POST OFFICE B | <u>0X</u>) | | |
| | | N/I/N/I □ 33163 | |
| | | MIAMI FL 33162 | |
| | | MIAMI FL 33162 | |
| If amending the registered agent and/or regist. | ered office addre | ess in Florida, enter the name of the | |
| new registered agent and/or the new registered | ered office address: | ess in Florida, enter the name of the | |
| If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent | ered office address: | ess in Florida, enter the name of the | |
| new registered agent and/or the new registered | ered office address: (Florida stre | ess in Florida, enter the name of the | |
| new registered agent and/or the new registered | d office address: (Florida stre | ess in Florida, enter the name of the | |
| Name of New Registered Agent | office address: | ess in Florida, enter the name of the | |
| Name of New Registered Agent | d office address: (Florida stre | ess in Florida, enter the name of the es address) Florida | |
| new registered agent and/or the new registered Name of New Registered Agent | (Florida she | ess in Florida, enter the name of the et address), Florida(Zip Code) | |

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 | EI | John Doe | |
|-------------------------------|------------|--------------------|-------------------|
| X Remove | <u>v</u> . | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addreş</u> s |
| 1) Change | P | CARRY HUBERT | 411 NE 164 ST |
| Add | | | MIAMI FL 33162 |
| Remove | | | |
| 2) Change | P | REJEANNE PINCKOMBE | 15139 SW 143RD PL |
| Add | | | MIAMI FL 33186 |
| Remove | | | |
| 3) Change | | _ | |
| Add | | · | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | - | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | · |

| The date of each amendment(s) adoption: 11/01/2015 | , if other than the |
|--|---------------------|
| date this document was signed. | • |
| Effective date if applicable: | |
| (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) | |
| 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 11/01/2013 | |
| Signature Ralano P. Him Karn S | - |
| 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) | |
| REJEANNE PINCKOMBE | |
| (Typed or printed name of person signing) | : |
| PRESIDENT | |
| (Title of person signing) | _ |