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COVER LETTER

TO: Amendment Section ¹² Division of Corporations

Division of Corp					
	RATION: MOTOR PO		LES CORP		
DOCUMENT NUM	_{BER:} P1300000611	49			
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	tter to the following:			
David Gomez					
		Name of Contact Person	1		
	MOTOR POINT	AUTO SALES			
		Firm/ Company			
	2820 N. Orange	Blossom Trl			
		Address			
	Orlando FL 3280	4			
		City/ State and Zip Cod	e		
	4	.			
mo	torpointautosales				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
David Gome	z	at (_ 407	221-4404		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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		Street	Street Address		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
Farianassee, FL 32314		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

FILED 13 NOV 25 FH 3: 23

MOTOR POINT AUTO SALES CORP

(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corpora	ation:
	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	Leonedis Pena
Principal office address <u>MUST BE A STREET ADDRES.</u>	2820 N. Orange Blossom Trl
	Orlando FL 32804
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
·	, Florida (City) (Zip Code)

Page 1 of 4

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	David Gomez	111 Sweet Briar
Add			Longwood FL 32750
Remove			
2) Change	PT	Leonedis Pena	2820 N. Orange Blossom T
✓ ∧dd			Orlando FL 32804
Remove			
3) Change	S	David Gomez	111 Sweet Briar
✓ ∧dd			Longwood FL 32750
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)	
none	
	· <u>, ·</u> , ·, ·, ·
	
	,
	10.
F. If an amendment provides for an exchange, reclassification, or cancellation of issuprovisions for implementing the amendment if not contained in the amendment i (if not applicable, indicate N/A) n/a	ied shares, tself:
	- <u> </u>
	·
	

The date of each amendment(s) adoption: 11/15/2013	, if other than the
date this document was signed.	- Andrews - Andr
Effective date if applicable: 11/15/2013	
(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 east 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 east 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 11/18/2013 Signature Signature	
(By a director, president or other of free – 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)	
DAVID GOMEZ	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	