P1300072435

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANGEL AU	ITO SALES GRO	OUP, INC.	
	_{BER:} P1300007243			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	SHERIF S MIKH	AIL		
		Name of Contact Person	1	
	ANGEL AUTO SA	ALES GROUP II	NC	
		Firm/ Company	-	
	4241 MANIHI DR			
	10.0	Address		
	HUDSON, FL 340			
		City/ State and Zip Cod	e	
SH	ERIF20446@YAH			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
SAMIA WAHBA		at (813	948-4602	
Name (of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made [payable to the Florida Depa	artment 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 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 Incorporation of

to

ANGEL	AUTO	SALES	GROUP,	INC
/ \ \U	/ NO 1 C		\circ	1110

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P130000725435	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	o". A professional corporation name must contain the .A."
B. Enter new principal office address, if applicable:	14925 US HWY 19
(Principal office address MUST BE A STREET ADDRESS)	HUDSON, FL 34667
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14925 US HWY 19
	HUDSON, FL 34667
	13 PM
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
·	yout if abayaina

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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP_	SHAWKI R MIKHAIL	4241 MANIHI DR
Add			APT 2A
X Remove			NEW PORT RICHEY, FL 34653
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

'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, indicase N/4)	ttach additional s	ding additional Ar heets, if necessary).	. (Be specific)	. ——— !		
provisions for implementing the amendment if not contained in the amendment itself:						
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	<u>grovisions for im</u>	<u>plementing the am</u>	change, reclass tendment if not	ification, or canc contained in the	cellation of issued e amendment itsel	<u>shares.</u> f <u>:</u>
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	\ <u> </u>					

The date of each amendment(s) adoption: 9/10/2013	, if other than the
date this document was signed. 9/10/2013	
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 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 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 9/10/2013	
Signature X Shall	_
(By a director, president of 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)	_
SHERIF S MIKHAIL	
(Typed or printed name of person signing)	_
PRESIDENT	

(Title of person signing)