## P1400017968

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MAGDIEL MOTO	ORS USA CORP					
DOCUMENT NUMBER: P14000017968		<del></del>				
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this man	tter to the following:					
FEDERICO J. HOLGUIN SA	ABA					
· · · · · ·	Name of Contact Persor	1				
MAGDIEL MOTORS USA	CORP					
<del></del>	Firm/ Company	-				
1080 S DIXIE HWY						
<del></del>	Address					
POMPANO BEACH, FL 330	060					
	City/ State and Zip Code	2				
JUAN@JAYSACCOUNTING.CO	М					
<del>-</del>	sed for future annual report	notification)				
E-man address. (to be ds	sed for factic annual report	notification,				
For further information concerning this matter, pleas	se call:					
FEDERICO J. HOLGUIN SABA	at (	543-4005				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:				
■ \$35 Filing Fee	☐\$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

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## MAGDIEL MOTORS USA CORP

(Name o	of Corporation as current	tly filed with the Florida Dept. of State)	
P14000017968			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new na	ame of the corporation:		
CAR SELLERS CORP		The new	
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
• •		1080 S DIXIE HWY	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		POMPANO BEACH, FL 33060	
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if appli			
(Mailing address MAY BE A POST)	OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent an new registered agent and/or the new			
•	FEDERICO J. HOLGUIN SABA		
Name of New Registered Agent			
	1080 S DIXIE HWY		
	(Florida s	treet address)	
New Registered Office Address:	POMPANO BEACH	. Florida	
		(City) (Zip Code)	
New Negislereu Office Auuress.			
New Registered Agent's Signature, if c	hanging Registered Agen	it: - with and accept the obligations of the position.	
i nereby accept the appointment as regist	iereu ugeni. Tum jamiliur	and accept the congunities of the position.	
	111		
	(11)		
<del></del>	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.

X Change	PT	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Name	<u>Addres</u> s			
1) Change	P	FEDERICO J. HOLGUIN SABA	1080 S DIXIE HWY			
X Add			POMPANO BEACH, FL 33060			
Remove						
2) Change	PS	MADIEL R. TORIBIO	6871 SW 157TH CT			
Add			MIAMI, FL 33193			
X Remove						
3 ) Change	PSV	FEDERICO J. HOLGUIN SABA	624 SEA PINE WAY APT G2			
Add			WEST PALM BEACH, FL 33415			
X Remove						
4) Change						
Add			<del></del> .			
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

(Attach additio	or adding addition on all sheets, if neces	sary). (Be	specific)	<u>.,</u> .			
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If an amendn	nent provides for a	n exchange,	reclassificati	ion, or cancel	lation of issue	ed shares,	
provisions fo	or implementing th	<u>te amendmei</u>	it if not cont	ained in the a	mendment it:	self:	
(if not ap	oplicable, indicate l	WA)					
		•					••
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	NOVEMBER 15, 2017	
The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _	NOVEMBER 15, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	\$)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	er
11/15/2 Dated	017	
Signature		
(By	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other combined fiduciary by that fiduciary)	1
	FEDERICO J. HOLGUIN SABA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	