P1400019387

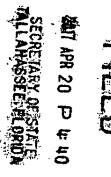
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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: _____ National Car Negotiators Inc **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maria Santofimio Name of Contact Person Firm/ Company 4965 Manchia Dr Address Lake Worth, FL 33463 City/ State and Zip Code Heath.Carpman@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 213-4401 Area Code & Daytime Telephone Number Maria Santofimio Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$43.75 Filing Fee & ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

to

National Car Negotiators Inc				
(Name)	of Corporation as curren	tly filed with the Flor	ida Dept. of State)	
P14000019387				
	(Document Number	of Corporation (if know	wn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corpo	oration adopts the follo	owing amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
Ultimate Car Negotiators Inc				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc," or	"Co". A professiona	"incorporated" or the last corporation name m	he abbreviation
B. Enter new principal office address, if applicable:		N/A		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent ar new registered agent and/or the ne			r the name of the	
	N/A			
Name of New Registered Agent				
	(Florida s	treet address)		
	N/A	ireer adar essy	Pl 11	
New Registered Office Address;		(City)	Florida	(Zip Code)
			.	
			SEE	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agen	it: : with and accept the o	hligations of the positi	3 11
тнегебу ассерт те арропитет из года	ierea agem. Tum jammar	will dikt decept the o	3 2	20
			5	
	Signature of New	Registered Agent, if ch	nanging	∓

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 <math>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	V	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		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
KCHIOVC			<u> </u>
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
N/A	
,	
11	
	M = 1
F. If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

*	4/14/17	, if other than the
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
-	4/14/17	
Effective date <u>if applicable</u> :	(no more than 90 days after amondment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amen- sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareho	lder
Dated	1/14/17	
Signature P	Jama Sandofono.	
(By	a director, president or other officer - if directors or officers have no	
	eted, by an incorporator – if in the hands of a receiver, trustee, or otherinted fiduciary by that fiduciary)	ier court
-11	Maria Santofimio	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	