P14000040729

(Re	equestor's Name)	· <u>·</u> ···
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECULTARY OF STATE STATE STATE OF STATE OF CORPORATION

C. LEWIS

JUN 27 2014

EXAMPLE RE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: C.A.R. SPE	ECIALTIES, CO	RP	
DOCUMENT NUME	BER: P1400004072	29		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	Carlos Rodriguez			
	1.02	Name of Contact Perso	n	
•		Firm/ Company		
	6455 SW 116 PLACE APT C			
·	Address			
	Miami FL, 33173			
	City/ State and Zip Code			
For further information	E-mail address: (to be us	sed for future annual report	notification)	
Carlos Rodrig	guez	at (305	, 804-1483	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327			on of Corporations Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



14 JUN 16 PM 1: 26

C.A.R. SPECIALTIES, CORP.

(Name of Corporation as currently filed with the Fl	orida Dept. of State)		
P1400004	0729		
(Document Number of Corporation (if	f known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this lits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
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 "o word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	6455 SW 116 PLACE APT C		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami FL, 33173		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the		
new registered agent and/or the new registered office address			
Name of New Registered Agent			
(Florida str	eet 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 v			
Signature of New Registered A	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 <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	<u>PT</u>	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	S	Jose Quezada	11250 SW 163 STREET
Add			Miami FL, 33157
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassificati ndment if not cont	on, or cancellati	on of issued shar idment itself:	es,
provisions for implementing the ame	lange, reclassificati ndment if not cont	on, or cancellati	on of issued shar ndment itself:	es,
provisions for implementing the ame	ange, reclassificati	on, or cancellati	on of issued shar ndment itself:	es,
provisions for implementing the ame	ange, reclassificati	on, or cancellati ained in the ame	on of issued shar ndment itself:	es,
provisions for implementing the ame	ange, reclassificati ndment if not cont	on, or cancellati	on of issued shar ndment itself:	es,
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SPORETARY OF STATE SPORETARY OF STATE SIVISION OF CORPORATIONS

The date of each amendment(s) adoption	1;	, if other than the
date this document was signed.	14 JUN 16 PM 1:25	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.	
The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement oting 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)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated	6/11/2014	
Signature_	1)	
selected, by ar	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court action by that fiduciary)	_
	Carlos Rodriguez	
	(Typed or printed name of person signing)	
	DP	
	(Title of person signing)	