## P14000041439

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | (dress)            |           |
| (Ad                     | idress)            |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nam | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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## **COVER LETTER**

TO: Amendment Section \* Division of Corporations

| NAME OF CORPO           | RATION: ALL GERMAN A  | UTO INC  |   |
|-------------------------|---|--|---|
| DOCUMENT NUM            | BER: P14000041639   |  |   |
|                         | of Amendment and fee are su   | bmitted for filing.  |   |
| Please return all corre | spondence concerning this ma  | tter to the following:   |   |
|                         | ANGELICA M MEDINA   |  |   |
|                         |   | Name of Contact Person   | 1   |
|                         |   | Firm/ Company  |   |
|                         | 2779 OLD DIXIE HWY SUI  | TE M-N   |   |
|                         | KISSIMEE, FL 34744  | Address  |   |
|                         |   | City/ State and Zip Cod  | e   |
| RVR                     | TAX@HOTMAIL.COM   |  |   |
|                         | E-mail address: (to be us   | sed for future annual report                                       | notification)   |
| For further informatic  | on concerning this matter, pleas  | se call:   |   |
| ANGELICA M MEE          | oina  | 407<br>at (  | de & Daytime Telephone Number   |
| Name                    | of Contact Person   | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check fo  | or the following amount made  | payable to the Florida Depa  | artment of State:   |
| S35 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)    |
| Am<br>Div<br>P.C        | iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 F                              | Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with the Florida Dept. of State)  P14000041639  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |        |
|--|--------|
| (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |        |
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| 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 address in Florida, enter the name of the   |        |
| new registered agent and/or the new registered office address:   |        |
| Name of New Registered Agent   |        |
|  |        |
| (Florida street address)   |        |
| New Registered Office Address:   |        |
| (Cay)  |        |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |        |

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                   | <u>PT</u>   | John Dog              |                          |
|----------------------------|-------------|-----------------------|--------------------------|
| X Remove                   | <u>v</u>    | Mike Jones            |                          |
| X Add                      | <u>sv</u>   | Sally Smith           |                          |
| Type of Action (Check One) | Title       | <u>Name</u>           | Address                  |
| 1) Change                  | P           | VICENTE I GUARINO     | 12921 ENTRADA DR         |
| Add                        |             |                       | ORLANDO, FL 32837        |
| X Remove                   |             |                       |                          |
| 2) Change                  | VP          | YURUBY D SALVATIEERRA | 12921 ENTRADA DR         |
| Add                        |             |                       | ORLANDO, FL 32837        |
| X Remove                   |             |                       |                          |
| 3 ) Change                 | p           | ANGELICA M MEDINA     | 4462 BISCAYNE BREEZE WAY |
| X Add                      |             |                       | KISSIMMEE, FL 34744      |
| Remove                     |             |                       |                          |
| 4) Change                  |             |                       |                          |
| Add                        |             |                       |                          |
| Remove                     |             |                       |                          |
| 5) Change                  | <del></del> |                       | <del>_</del>             |
| Add                        |             |                       |                          |
| Remove                     |             |                       |                          |
| 6) Change                  |             |                       |                          |
| Add                        |             |                       |                          |
| Remove                     |             |                       |                          |

| If amending or adding additional Arti-<br>Attach additional sheets, if necessary). |  |
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| f an amendment provides for an exch  | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer   | endment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)  |  |
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| <b></b>   | JANUARY 15, 2018  |                              |
|---|---|------------------------------|
| The date of each amendment(s  | ) adoption:   | , if other than the          |
| fate this document was signed.  |   |                              |
|   | ANUARY 15, 2018   |                              |
| Effective date <u>if applicable</u> : _                                   | 4 00 1 6 1 101 1 1  | <del></del>                  |
|   | (no more than 90 days after amendment file date)  |                              |
| <b>Note:</b> If the date inserted in the locument's effective date on the | is block does not meet the applicable statutory filing requirements, this date Department of State's records.   | te 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 east for the amendment(se sufficient for approval,   | <b>()</b>                    |
|   | approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):  | rnt                          |
|   | east for the amendment(s) was/were sufficient for approval  |                              |
| bv  | (voting group)  |                              |
| ,   | (voting group)  |                              |
| ☐ The amendment(s) was/were action was not required.                      | adopted by the board of directors without shareholder action and shareholde   | er                           |
| ☐ The amendment(s) was/were action was not required.                      | adopted by the incorporators without shareholder action and shareholder   |                              |
| 01/15/2<br>Dated<br>Signature   | quofice   |                              |
| sele  | a director, president or other officer – if directors or officers have not been beted, by an incorporator – if in the hands of a receiver, trustee, or other consolinted fiduciary by that fiduciary) | 1                            |
|   | VICENTE I GUARINO   |                              |
|   | (Typed or printed name of person signing)   |                              |
|   | PRESIDENT   |                              |
|   | (Title of person signing)   |                              |