P140000 41639

(F	Requestor's Name)					
(A)	ddress)					
(A	ddress)					
(0	City/State/Zip/Phone #)					
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(Document Number)						
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ALL GERMAN AU	JTO INC	
DOCUMENT NUMBI			
The enclosed Articles o	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
(CARLOS F SANABRIA		
-		Name of Contact Person	
-		Firm/ Company	
3	779 OLD DIXIE HWY		
- •	CISSIMMEE FLORIDA 347	Address	
	CISSIMINIEE PEORIDA 347	City/ State and Zip Code	<u> </u>
	ALL CEDMANIA UTCEDVI		
-	ALLGERMANAUTOSERVI	sed for future annual report	notification)
For further information	concerning this matter, pleas		837-6660
Name o	f Contact Person	Area Co) 837-6660 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ing Address indiment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALL GERMAN AUTO INC				
(Name e	of Corporation as current	ly filed with the Florida L	Dept. of State)	
914000041639				
-	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporatio	n adopts the following a	mendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co". $$.	A professional corporatio	ed" or the abbreviation ' n_name_must_contain_b	'Corp" he word
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			, ,
			(<u></u>
C. Enter new mailing address, if appl				
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)	•		
				···
				0
 If amending the registered agent at new registered agent and/or the ne 			name of the	
	CARLOS F SANABRIA	3.		
Name of New Registered Agent		<u> </u>		
	2779 OLD DIXIE HWY			
		reet address)		
New Registered Office Address:	KISSIMMEE		, Florida	
		(City)	(Zip Coa	le)
New Registered Agent's Signature, if o	shannian Danietarad Agan	••		
I hereby accept the appointment as regis			tions of the position.	
	2		-	

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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.

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	P	CARLOS F SANABRIA	2779 OLD DIXIE HWY
X Add		-	KISSIMMEE, FL 34744
Remove			
2) Change			
Add		HERNANDO A BEDOYA	3916 BLACKBERRY CIR SAINT CLOUD, FL 34769
Add X Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			

The second secon	ts, if necessary). (B	ic specific)			
				<u> </u>	
			<i>_</i>		
	 				
					
		/			
					
					
- 12					
an amendment pro	vi <u>des for an exchan</u>	ge, reclassification, or	cancellation of issue	ed shares,	
provisions for imple (if not applicable	menting the amendi	ment if not contained i	n the amendment it	<u>self:</u>	
(Water of the control	, , , , , , , , , , , , , , , , , ,	/	/		
			<u> </u>		
<u> </u>		/_			
- 					
					
		,			
				<u> </u>	

The date of each amendment(s) a	06/30/2020 dention:	, if other than the
date this document was signed.	doption:	v
06/3	0/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder a	ction and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme afficient for approval.	nt(s)
must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated		
Signature 🗸		
(By a c select	firector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other ented fiduciary by that fiduciary)	
	CARLOS F SANABRIA	
	(Typed or printed name of person signing)	
	PTE.	
	(Title of person signing)	