(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		:		

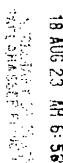
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#### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Pompano Motors Auto Credit, IV DOCUMENT NUMBER: P14000053513
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Deleo Name of Contact Person Pompano Motors Auto Credit Inc. Firm/Company  1425 SW 1st Ct. Buy #25  Pompano FL 33069  City/ State and Zip Code  Pompano Motors 1@gmail.com/ E-mail/address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Deleo 11,561,441-2370
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status    S35 Filing Fee Certificate of Status   S43.75 Filing Fee Certificate of Status

# **Mailing Address**

**TO:** Amendment Section

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

Pompano Motors Huto	Credit Ive		
(Name of Corporation as curren	tly filed with the Florida Dept. o	f State)	_
P14000053513			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s <i>Florida Profit Corporation</i> adop	ts the following amendment	ent(s) t
A. If amending name, enter the new name of the corporation:			
N/H		The nev	· ·
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association " or the abbreviation  B. Enter new principal office address, if applicable:	"Co". A professional corporatio	ted" or the abbreviation	n
(Principal office address MUST BE A STREET ADDRESS)			
		100 S	
	1	- E	÷n
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	32	اند. سب
	,	20 m	
		5.	·
		C4	)
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		of the	
110	35		
Name of New Registered Agent N/17		<del></del>	
(Florida e	treet address)		
	revi adaress)		
New Registered Office Address:	, F)	orida(Zip Code)	
	14.07	(inf) ame	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		the position.	
Signature of New .	Registered Agent, if changing	<u></u>	

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.

Mike Jones, V as Remove Example:	z, and Sai	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	VP-	Corey E. Babapour	471 N. Aine Isknd Ro Plantation FL
Add <b>X_</b> Remove			
<b>X</b> _ Remove			33324
2) Change			1
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
Corey E. Babapour has left the corporation as
Corey E Babapour has left the corporation as VP, S and there is no replacement at this time
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	ifier amendment file date)
(no more than 90 days o	ifier amendment file date)
Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numbe by the shareholders was/were sufficient for approval.	r of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voice must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes east for the amendment(s) was/were suffic	ient for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.  ☐ The amendment(s) was/were adopted by the incorporators without shall	
action was not required.	
Dated 8/20/2018	
Signature /	
By a director, president or other officer – if of selected, by an incorporator – if in the hands	
appointed fiduciary by that fiduciary)	of a receiver, diastee, of other count
Michael De	
(Typed or printed name of	person signing)
P. T	
(Title of perso	n signing)