

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

BEB Auto Sales INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Barbara Betts
Name of Contact Person
Betts
Name of Contact Person
Sqles TNL
Firm/ Company
5001 NW 1795+
Address
Miami Gardens, Florida 33055
City/ State and Zip Code of c be tts @ gmail. wm

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: 12 \$35 Filing Fee □\$43.75 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 Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

FILED

Ar	ticles of Incorporation 17 AUG 23 PM 1: 45	
BÉB Auto Sale	as currently filed with the Florida Dept. of State)	
(Name of Corporation	as currently filed with the Florida Dept. of State)	
	00055097	
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendm	ent(s) to
A. If amending name, enter the new name of the corp		
_	N/A The nex	v
name must be distinguishable and contain the word "Corp.," "Inc.," or Co" or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."	7 E
B. Enter new principal office address, if applicable:	12951 Port Said 1	Pd
(Principal office address MUST BE A STREET ADDR.	ESS) Bay # 9 Opa Laka F	= lorida
	33054	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered		
new registered agent and/or the new registered of		
Name of New Registered Agent	N/A	
	N/A	
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: N/A Im familiar with and accept the obligations of the position.	
	N/A	
Signatu	re 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.

Example: X Change	PT John I	<u>Doe</u>			
X Remove	<u>V</u> <u>Mike Jones</u>				
X Add	SV Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	CEO	Barbara Betts	5001 NW179St Miami gardens, Florida		
Add Remove			Miami gardens Florida 33055		
2) Change Add					
Remove 3) Change					
Add					
4) Change Add					
Remove 5) Change					
Add					
6) Change Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
N/A	
	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	

The date of each amendment(s) adoption:	8/15/17	if other than the
date this document was signed.	8/15/17	
Effective date if applicable:	8/15/17	
	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not n document's effective date on the Department of State		, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK_ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr		ndment(s)
☐ The amendment(s) was/were approved by the shimust be separately provided for each voting gro	nareholders through voting groups. The following oup entitled to vote separately on the amendment	
"The number of votes cast for the amendm	•••	
by(voting		
(voting	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ırd of directors without shareholder action and sh	areholder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareholder	older
Dated8/20/17		
Signature Bark	2-Boto	
(By a director, presiden	nt or other officer – if directors or officers have n orator – if in the hands of a receiver, trustee, or ot	
\mathcal{B}_{ℓ}	arbara Betts	
(Тур	ped or printed name of person signing)	
	President	
	(Title of person signing)	

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