P14000058530

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FAIR PRICE AUTO

DOCUMENT NUMBER: P14000058530

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY GONZALEZ

Name of Contact Person

FAIR PRICE AUTO INC

Firm/ Company

3887 MANNIX DR STE 620

Address

NAPLES FL. 34114

City/ State and Zip Code

FAIRPRICEAUTONAPLES@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY GONZALEZ

...239

2653826

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

□\$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

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** of



FAIR PRICE AUTO INC

(Name of Corporation as currently filed with the Florida Dept. of State)

nent(s) to

P14000058530		
(Document Number of Corporation	ı (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amend	
. If amending name, enter the new name of the corporation:	The 1	
ame must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbrevial r "Co". A professional corporation name must contain n "P.A."	
3. Enter new principal office address, if applicable:	3887 MANNIX DR STE 620	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	NAPLES FL. 34114	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addr		
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
(C	ity) (Zip Code)	
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia		
Signature of New Registere	ed 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	<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>	Name	<u>Addres</u> s			
1) Change		-				
Add						
Remove						
2) Change						
Add						
Remove			· .			
3) Change						
Add			-			
Remove						
4) Change						
Add		· · · · · · · · · · · · · · · · · · ·				
Remove						
5) Change			· · · · · · · · · · · · · · · · · · ·			
Add						
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6) Change						
Add						
Remove						

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provisions for implem-	enting the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
f an amendment provi provisions for implem (if not applicable, i	enting the amer	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	
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provisions for implem-	enting the amer	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	

The date of each amendment(s) adoption: 08/28/2014	, if other than the
date this document was signed.	
Effective date if applicable: 08/28/2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 08/28/2014	
Signature	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed fiducially by that fiducially)	
Anthory Garalez	
Antholog Joluza lez (Typed or printed name of person signing)	_
Prezident	
(Title of person signing)	