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(Re	questor's Name)	
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OCT 12 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: SOUT	Hern	CEMFORT	Automotive Duc	
DOCUMENT NUMBE	R:	P14	P14000072385		
The enclosed Articles of	Amendment and fee are su	ibmitted for	filing.		
Please return all correspondent	ondence concerning this ma				
	(LHE/SE	PA BA	Auromonive Duc Mana PL 33598	
_		Name of	Contact Person		
	Southe	nu Co	MFORT,	Auromorive Duc	
_		Firm	/ Company		
_	144	101 Au	layle 1	Manor PL	
		A	Address		
	U	1/MAUL	MA.FL	33598	
		City/ Stat	te and Zin Code	<i></i>	
	E-mail address: (to be us				
For further information of	concerning this matter, pleas				
	CHELSEA BA	rrios ;	at (760	201 - 9442 e & Daytime Telephone Number	
Name of	Contact Person	 	Area Cod	e & Daytime Telephone Number	
Enclosed is a check for t	he following amount made				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certifie	nal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address Iment Section		Street A	Address nent Section	
	on of Corporations			nent Section of Corporations	
	C227			Duilding	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of		~>	
	FOR AUTOMOTIVE MI		
· · · · · · · · · · · · · · · · · · ·	filed with the Florida Dept. of State)	220	
P1400	0072385		
(Document Number of Control of Co	•	F12	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following	ig amendment	
A. If amending name, enter the new name of the corporation:	,	₩., œ	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "PB. Enter new principal office address, if applicable:	co". A professional corporation name must P.A."	contain the	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WIMAUMA, FL 33598		
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 addressed new registered agent and/or the new registered office address:	14401 Angyle Man Wimpuma, FL 335	IN PL 98	
Name of New Registered Agent		_	
	ARGYIE Manne PL et address) IMA , Florida 33 Cityl (Zip	- 598 Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations of the position.		
Signature of New Re	gistered Agent, if changing	_	
/			

address of each Office (Attach additional shee Please note the officer: P = President; V = Vic Executive Officer; CFO held. President, Treasu Changes should be not a change, Mike Jones Wike Jones, V as Remo	er and/or lets, if neces director tice Presider O = Chief urer, Directed in the followers	tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; TR= Financial Officer. If an officer/director holds more	Trustee; C = Chairman or Clerk; CEO = Chief e than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is
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)	_Title	Name	Address
1) Change	P	CHelseA BARRIOS	14401 Angyle MannPL
Add			14401 Angyle Mann PL WiMAUMA, FL 33598
Remove			
2) Change			
Add			
Remove			
3) Change			***
Add			
Remove			
4) Change			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add Remove			·
Kemove			
5) Change			
Add			
Remove			
6) Change			
Add			

__ Remove

Attach addition	adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	as ancess, if necessary, the specific
If an amendm	ent provides for an exchange, reclassification, or cancellation of issued shares,
provisions fo	implementing the amendment if not contained in the amendment itself:
(if not ap	olicable, indicate N/A)
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	October	5,	2015	, if other than the
date this document was signed.	,			
Effective date <u>if applicable</u> :	October	5,	2015	
(no r	nore than 90 days after amer	ndment	file date)	
Note: If the date inserted in this block does not mee document's effective date on the Department of State's		ing requ	uirements, this date	will not be listed as the
Adoption of Amendment(s) (CHECK (ONE)			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva		cast for	the amendment(s)	
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group				1
"The number of votes cast for the amendment	· ·	proval		
by(voting gre			**	
(voting gre	oup)			
The amendment(s) was/were adopted by the board of action was not required.	of directors without sharehol	der acti	on and shareholder	
The amendment(s) was/were adopted by the incorporaction was not required.		ection ar	nd shareholder	
Dated_ Octobe	5,2015	///-		
Signature)	
	r other officer – If directors of or – if in the hands of a recei			
appointed fiduciary by tha				
	CHEISEA L	Bari	rco's	
(Typed	or printed name of person si	igning)		
	Puesi	der		
·	(Title of person signing)		