

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000247550 3)))



H148002475503ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

: H. BART FLEET Account Name Account Number : 120020000170 : (850)651-4006 Phone

Fax Number : (850)651-5006

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kenneth Stoutamire @

COR AMND/RESTATE/CORRECT OR O/D RESIGN YOLO AUTOMOTIVE GROUP, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| TO: Amendment Sect Division of Corp | | | |
|--|---|--|--|
| NAME OF CORPOR | RATION: YOLO AUTO | OMOTIVE GROUI | P, INC. |
| DOCUMENT NUM | P14000077076 | | |
| | of Amendment and fee are su | | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | Kenneth Stoutamir | e | |
| | | Name of Contact Person | 1 |
| | | Firm/ Company | |
| | 4542 Red Oak Tra | CO | • |
| | Marianna, FL 3244 | Address | |
| | | City/ State and Zip Code | |
| ken | nethstoutamire@ya | ahoo com | • |
| | | sed for future samual report | notification) |
| For further informatio | n concerning this matter, pless | se call: | |
| Kenneth Stoutamire | | _{st (} 850 | 209-8698 de & Daytime Telephone Number |
| Name of Contact Person | | · Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Depa | urtment 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) |
| Am Div P.O | Oing Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314 | Amend Drvisic Clifton 2661 E | Address Intent Section on of Corporations Building Executive Center Circle Essec, FL 32301 |

Articles of Amendment

| Articles of Inco | rporation |
|---|---|
| YOLO AUTOMOTIVE GROUP, INC. | |
| (Name of Corporation as currently filed with the Flo | orida Dept. of State) |
| P14000077076 | |
| (Document Number of Corporation (if | known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, outer the new name of the corporation: N/A | The new |
| 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") | ." "company," or "incorporated" or the abbreviation To". A professional corporation name must contain the P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | N/A |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| | |
| D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address: | ess in Florida, enter the name of the |
| Name of New Registered Agent N/A | |
| | · |
| (Florida stre | set address) |
| New Registered Office Address: (City) | , Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w | with and accept the obligations of the position. |
| Signature of New Registered A | lgent, if changing m |

Page 1 of 4

FAX No.

| 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | PT Id | ohn Doe | | |
|-------------------------------|-------------------|--------------------|-----------------------|--|
| X Remove | <u>v</u> <u>w</u> | fike Jones | • | |
| X Add | <u>sv</u> s | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | Address | |
| 1) Change | PST | KENNETH STOUTAMIRE | 4542 Red Oak Trace | |
| Add | | | Marianna, FL 32446 | |
| Remove | | , | | |
| 2) Change | <u>V</u> | JESSE Z. BYRD | 1441 Pitman Hill Road | |
| Add | | | Marianna, FL 32448 | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | • | | | |
| 4) Change | | <u></u> | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |

Page 2 of 4

FAX No.

| Attach additional sho | ng additional Articles, enter seeks, if necessary). (Be specif | ic) . | |
|---|--|--|-------------------------------|
| 4 | | | |
| | | | |
| | | • | |
| <u></u> | | | |
| | | | |
| | | <u> </u> | , |
| | | | |
| | ····· | | <u> </u> |
| • | , | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | • | <u> </u> | |
| | , , , , , , , , , , , , , , , , , , , | | |
| | • • | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| | • | ٠ | |
| | - | | |
| | | | |
| | <u> </u> | ······································ | |
| | | | |
| If an amendment pr provisions for impl (if not applicab | ovides for an exchange, recla lementing the amendment if a le, indicate N/A) | ssification, or cancellation of Ot contained in the amendmo | issued shares, ent itself: |
| | | | <u> </u> |
| <u>`</u> | | <u></u> | |
| | | <u> </u> | |
| | | | |
| | | <u></u> | ··· |
| <u> </u> | · . | | <u> </u> |
| | | _ | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | ~~ | |
| | | | |

Page 3 of 4

FAX No.

| The date of each amendmen date this document was signed | (#) #doption; October 15, 2014 | if other than the |
|---|--|-------------------|
| Effective date if applicable: | October 15, 2014 | |
| ENTERPRIE GRAFE (S. HEDDICON CO.S. | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/we by the shareholders was/w | re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval. | |
| The amendment(s) was/we must be separately provide | te approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amondment(s): | |
| | cast for the amendment(s) was/were sufficient for approval | |
| by | 17 | |
| • ——— | (voting group) | |
| The amendment(z) was/wei action was not required. | e adopted by the board of directors without shareholder action and shareholder | |
| The amendment(a) was/wes action was not required. | e adopted by the incorporators without shareholder action and shareholder | |
| Dated | 10145/14 | |
| Signature | | |
| (E) | y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | |
| | Kenneth Stoutamire | |
| | (Typed or printed name of person signing) | |
| | President | |
| | ('Fitle of person signing) | - |