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R. W. .

## COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Horeb Auto Sales,	Inc.	
DOCUMENT NUMBER: P15000009725		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Eliud Velazquez		
Horeb Auto Sales, Inc.	Name of Contact I	erson
	Firm/ Compan	iv
3304 W. Baker St.		
	Address	
Plant City, FL 33563		
	City/ State and Zip	Code
evaz333@gmail.com		
E-mail address: (to be us	sed for future annual re	port notification)
For further information concerning this matter, pleas	se call:	
Eliud Velazquez	at (	453 3795
Name of Contact Person	Are	a Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida	Department of State;
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Al D Cl 26	reet Address mendment Section ivision of Corporations lifton Building 61 Executive Center Circle allahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

17 3 1 1 1 1 1 1 1 2

Horeb Auto Sales, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P15000009725 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation, "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co" A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Eliud Velazquez Name of New Registered Agent 3304 W. Baker St. (Florida street address) Plant City New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

			:		
address of each Officer (Attach additional sheets Please note the officer/d P = President; V= Vice Executive Officer; CFO held, President, Treasurd Changes should be noted	and/or L i, if neces, irector tit. Presiden = Chief er, Direct I in the fa aves the c	Pirector being addectory)  If by the first letter of the first letter of the first letter of the first letter. If the first letter is the first letter of the first letter	t:  f the office title:  Secretary: D= D f an officer/director  rrently John Doe  with is named the	rector; TR= Tru or holds more th is listed as the P:	irector being removed and title, name, and istee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doc	ı		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s
I) Change	VP	Rafael Ro	omero		3304 W. Baker St.
Add					Plant City, FL 33563
X Remove					
2) Change					
Add					
Remove					
3 ) Change		<del></del>			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		<u> </u>		<u> </u>	<del></del>
Add					
Remove				1	
6) Change		<del>-</del>		1	
Add					

\_ Remove

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
N/A	
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F. If an amendment provides for an exchange, reclassification, or ca provisions for implementing the amendment if not contained in t	he amondment itself:
(if not applicable, indicate N/A)	
N/A	
	1
	<del> </del>

	i	
The date of each amendment(s) late this document was signed.	adoption:	, if other than the
Ju Effective date <u>if applicable</u> :	ly 6th, 2017	
interve date in applicable.	(no more than 90 days	after amendment file date)
Note: If the date inserted in this document's effective date on the I		atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The numb sufficient for approval.	er of votes east for the amendment(s)
	pproved by the shareholders through vor each voting group entitled to vote so	oting groups. The following statement eparately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were suffi	cient for approval
by		;*
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors witho	ut shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without sh	areholder action and shareholder
July 6th.	2017	
Dated	411	
selec	director, president or other officer – if ted, by an incorporator – if in the hand inted fiduciary by that fiduciary)	
	Eliud Velazquez	
	(Typed or printed name of	of person signing)
	President	
	(Title of pers	consigning)

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