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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EMINES	NCE MOTOR SOLUTIONS INC	<u> </u>	
DOCUMENT NUMBER: P1500003061			
The enclosed Articles of Amendment and	fee are submitted for filing.		
Please return all correspondence concerni	ng this matter to the following:		
ANTHONY FERR	ANTE GENNARO		
	Name of Contact F	Person	
EMINENCE MOT	OR SOLUTIONS INC.		
	Firm/ Company		
6450 PARK BLVI)		
	Address		
PINELLAS PARK	C, FL 33781		
	City/ State and Zip	Code	
EMINENCEMOTORSC	LUTIONS@GMAIL.COM		
E-mail addres	s: (to be used for future annual r	eport notification)	
For further information concerning this n ANTHONY FERRANTE GENNARO	natter, please call:at (813at)	263 9354	
	at (ea Code & Daytime Telephone Number	
Name of Contact Person	Ai	ea Code & Daytime Telephone Number	
Enclosed is a check for the following amount	ount made payable to the Florida	Department of State:	
■ \$35 Filing Fee □\$43.75 Fili Certificate		Certificate of Status	
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	πs Ω Ω 2	Amendment Section Division of Corporations Clifton Building 1661 Executive Center Circle Callahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

EMINENCE MOTOR SOLUTIONS INC.	<u> </u>	
(Name of Corporation as current	ly filed with the Florida Dept. of	(State)
P15000030611		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adop	ts the following amendment(s)
A. If amending name, enter 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 word "chartered," "professional association," or the abbreviation	"Co". A professional corporatio	ted" or the abbreviation on name must contain the
	6450 PARK BLVD	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	PINELLAS PARK,FL	
	33781	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6450 PARK BLVD	
(Mailing address MAT BE A FOST OFFICE BOX)	PINELLAS PARK, FL	
	33781	
		C.1
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>lress in Florida, enter the name</u> is:	of the
	·····	
Name of New Registered Agent		-
· · · · · · · · · · · · · · · · · · ·	treet address)	22701
(Florida s New Registered Office Address:	CI LAC DADV	Florida 33781 (Zip Code)

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> <u>.</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) X Change	VCEO	ANTHONY FERRANTEGENNARC	7902 PATTERSON RD
Add	-		TAMPA.FL
Remove			33634
2) Change	PT	GIOVANNI ISMAEL GENNARO	7902 PATTERSON RD
X Add			TAMPA,FL
Remove			33634
3) Change	CFO	CAMILLE YALITZA FERRER	6012 N HALE AVE
X Add			TAMPA,FL
Remove			33614
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			ALGOV

(Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
/A	
-	
Ifa	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
/A	

The date of each amendment	(s) adoption:	, if other than the
late this document was signed Effective date if applicable:	08/02/2017	
meetive date it appareadie.	(no more than 90 days after amendment file date)	
Note: If the date inserted in locument's effective date on t	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
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 cast for the amendment resulting the superior representation approval.	nt(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ment
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
080/0 Dated Signature _	2/2017	
(I s	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other c ppointed fiduciary by that fiduciary)	en ourt
	ANTHONY FERRANTE GENNARO	
	(Typed or printed name of person signing)	
	VICE PRESIDENT & CEO	
	(Title of person signing)	