P15000034994

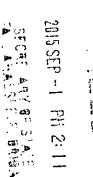
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
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<u>(B</u>	dusiness Entity Name)
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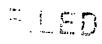
SEP 0 3 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N:Lenox Auto Sa	iles Corp		
DOCUMENT NUMBER:	P15000034994			
The enclosed Articles of Amer	ndment and fee are sub	omitted for filing.		
Please return all corresponden	ce concerning this mat	ter to the following	ng:	
· L	uis Antonio Montijo			
		Name of Cont	act Person	
Lo	enox Auto Sales Corp			
		Firm/ Cor	npany	
5355 L	enox Avenue			
		Addre	ss	
Jackso	onville, FL 32205			
		City/ State and	l Zip Code	
rua	yan.garcia.oga@gmail	l.com		
E-	mail address: (to be us	ed for future anni	ual report n	otification)
For further information concerning this matter, please call:				
Luis Antonio Montijo		at (904	728-1569
Name of Conta	ict Person	,	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	payable to the Flo	rida Depar	tment of State:
	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional of enclosed)	ру	☐\$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



Lenox Auto Sales Corp

2015 SEP - 1 PM 2: 11

P15000034994		ly filed with the Florida Dej	AHAS SEC. TO URIDA
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	'Co". A professional corpo	
B. Enter new principal office address,	if annlicable	N/A	
(Principal office address MUST BE A S			· <u> </u>
			· · ·
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			nme of the
Name of New Registered Agent	5355 Lenox Avenue, Jac	ksonville, FL 32205	
		reet address)	
N D : 100 111	5355 Lenox Avenue, Jack	,	32205
New Registered Office Address:		(City)	_, Florida(Zip Code)
New Registered Agent's Signature, if c			ons of the position.
\searrow	-11/-1		N. 1
	Signature of New	Registered 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 <math>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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Obed Garcia	5355 Lenox Avenue,
Add			Jacksonville, FL 32205
X Remove			
2) X Change	P	Luis Antonio Montijo	5355 Lenox Avenue,
Add			Jacksonville, FL 32205
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adopti	08/27/2015 on:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block document's effective date on the Department.		ing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes nt for approval.	e east for the amendment(s)
	I by the shareholders through voting grouvoting group entitled to vote separately of	
"The number of votes cast for th	e amendment(s) was/were sufficient for a	pproval
by	(voting group)	··
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without sharehol	der action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder	action and shareholder
08/27/2015		
Dated	2 n+	
Signature		
(By a direction	president of other office - if directors	
	an incorporator - if in the hands of a rece	iver, trustee, or other court
appointed fi	duciary by that fiduciary))
	Luis A Mo	ntijo
	(Typed or printed name of person s	igning)
	PRESIDEA (Title of person signing	
	(Title of person signing)