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AUG 2 2 2017 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: TC + DIRES Auto Sales Corp DOCUMENT NUMBER: 15000046837	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following: Heady Doligue Name of Contact Person Name of Contact Person Selvice S Firm/ Company S375 NW 74 Bul Address Address City/ State and Zip Code Union Carlier Selvice S Doucal . con E-mail address: (to be used for future annual report notification)	\sim
For further information concerning this matter, please call:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

Articles	of	Incor	poration
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Afticles of incorporation
Ic torres soto Sales corp
(Name of Corporation as currently filed with the Florida Dept. of State)
015000046837
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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."
5375 NII) 74 LO
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
(Principal office address most be A street ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
Liaking Bayes
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:
new registered agent and/or the new registered office address.
Name of New Registered Agent
5375 NW 74 AND ==
(Florida street address)
33166
New Registered Office Address: (City), Florida (Zip Code)
(
N. D. J. J. M. C. J. Walter Brains Brains and Assess
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.
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·
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 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	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One) 1) Change Add Remove	Title Name JOSEA (ARAballe 5375 NW 74 Au Mami Fl 33,166
2) Change Add Remove	<u> </u>
3) Change Add	<u> </u>
Remove 4) Change	
Add Remove	
5) Change Add Remove	
6) Change	
Remove	·

	v). (Be specific)				
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f an amendment provides for an e provisions for implementing the a	xchange, reclassif mendment if not o	ication, or cancel	lation of issued s mendment itself:	hares,	
f an amendment provides for an e	xchange, reclassif mendment if not o	ication, or cancel	lation of issued s mendment itself:	hares,	
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The date of each amendment(s) adoption:	8/14	7017	, if	other tha	n the
date this document was signed. Effective date if applicable: (no more	8 (Q e than 90 days after	amendment file date	·)	<u>-</u>	
Note: If the date inserted in this block does not meet th document's effective date on the Department of State's rec		ory filing requiremen	ts, this date will not b	e listed a	is the
Adoption of Amendment(s) (CHECK ON	<u>E</u>)				
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	ers. The number of	votes cast for the am	endment(s)		
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group ent					
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by(voting group))		 Dich		
☐ The amendment(s) was/were adopted by the board of d action was not required. ☐ The amendment(s) was/were adopted by the incorporat action was not required. ☐ Dated ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			ASS	7 AUG 18 PH 3: 17	
Signature (By a director, president or ot selected, by an incorporator appointed fiduciary by that fields a selected fiduciary by the selected fidu	if in the hands of				
(Typed or	printed name of pe	rson signing)			
	(State of murror o				