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TO DEC -4 PHI2: 32

COVER LETTER

TO: Amendment Section Division of Corporations . .

NAME OF CORPORATION:	Supa	eme Auto Sale	s Pros Inc.
DOCUMENT NUMBER:	P1500	00050695	
The enclosed Articles of Amenda	nent and fee are su	abmitted for filing.	
Please return all correspondence of	concerning this ma	tter to the following:	
_Bien	venido Len	debil and Do	oid A. Berriss
	upreme Aut	o Sakes Pros In Firm/Company	c
		ribtion Ct. On + #	
	<u> Orlando</u> f	Torida 32822 City/ State and Zip Cod	c
			notification)
For further information concernin		at (<u>407</u>) 501.015W
Name of Contact F	erson	at (<u>70</u> 7 Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	artment of State:
	75 Filing Fee & ificate 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)
Mailing Addre	<u>ss</u>	Street	Address
Amendment Sec		Amendment Section	
Division of Cor	porations	Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	cos, Inc.
	Jumber of Corporation (if known)
	ates, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ation:
	The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	C)
Trincipal Office address BIOST BE A STREET ADDRE	7
C. Enter new mailing address, if applicable:	S2 + 1
(Mailing address MAY BE A POST OFFICE BOX)	
	32 mg/d 32
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office.	
Name of New Registered Agent David A	exonder Berrius
<u> 10 400 1</u>	Yakka Dr. Iorida street address)
New Registered Office Address:	Ler mon +
	(City) Trip Code;
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	
Turning and a regime real agent.	amaan nin and accept the orangations of the position.
/ \	
()	12 -

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>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	David Alexander Berrios	10400 myakka Da
Add			10400 Myakka Dr. Clermont FL 34711
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
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If an amendment provides for an exch	tange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Bienverido lended
(Typed or printed name of person signing)
Owner P
(Title of person signing)