P150005331

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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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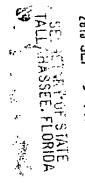


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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: FABIEN AUTO SA	ALES INC			
DOCUMENT NUME	BER: P1500005331				
	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corres	spondence concerning this mat	ter to the following:			
	CARRY HUBERT				
		Name of Contact Person			
	FABIEN AUTO SALES INC				
		Firm/ Company			
	411 NE 164 ST				
	Address				
•	MIAMI FL 33162				
		City/ State and Zip Code			
JNAE	BOYA@GMAIL.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
CARRY HUBERT		at (_) 520-1232		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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 Address Amendment Section		Street Address Amendment Section			
	sion of Corporations Box 6327		n of Corporations Building		
	ahassee, FL 32314	2661 E	xecutive Center Circle		
		Tallaha	ssee, FL 32301		

Articles of Amendment to Articles of Incorporation

of

FILED

(Name of Corporation as curre	
15000053331	SECOND ATTOF STATE SECONDA SEE FLORIDA
(Document Number	r of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation:	
	77
ame must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or ord "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	4501 ORANGE DR BLDG 17 BAY 25
rincipal office address MUST BE A STREET ADDRESS)	DAVIE FL 33314
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
. If amending the registered agent and/or registered office ac	ldress in Florida, enter the name of the
. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr	
new registered agent and/or the new registered office addr	
Name of New Registered Agent Name of New Registered Agent	
Name of New Registered Agent	ess:

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>	John Doe	
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
1) Change	P	JEAN R. NABOYA	411 NE 164 ST
Add X Remove			MIAMI FL 33162
2) Change	P	CARRY HUBERT	411 NE 164 ST
XAdd			MIAMI FL 33162
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

and in addition	nal sheets, if necessary,). (Be specific)				
						
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an amendme rovisions for	ent provides for an ex- r implementing the an	<u>change, reclassifi</u> endment if not c	cation, or cancella	tion of issued sh	ares.	
(if not app	olicable, indicate N/A)	11 1100 0	ontained in the air	tonument reseme		
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			····			
				*		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file do	nte)
	·
Note: If the date inserted in this block does not meet the applicable statutory filing requiremedocument's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	ving statement nent(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 action was not required.	d shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
09/04/2015	
Signature (By a director, president of other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u> </u>
President	
(Title of person signing)	