# P15 0000 53580

(Re	equestor's Name)	1
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
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### **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DEPOPE ANTO FOLD  DOCUMENT NUMBER: P150000 53580
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jack Cline Name of Contact Person  Dappe Auto Loc  Firm/Company  Address  May Esther FL 32569  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sack Clinical 850 598-1058
Name of Contact Person at (850), 598-1058  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee Certified Copy Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **Articles of Amendment**

#### Articles of Incorporation οf

Dapoz Auto Inc	, TE ET 2:00
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P15000053580	
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the col	rporation:
GENUINE REPLACE	MENT PARTS INC The new
name must be distinguishable and contain the word "con "Inc" or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbres	
B. Enter new principal office address, if applicable:	3395 US HWY98
(Principal office address <u>MUST BE A STREET ADD.</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOS</u>	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signat	ure of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

## 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)

Example:

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.

X Change	$\overline{\mathbf{p}_{T}}$	<u>John Do</u>	<u>e</u>		
X Remove	<u>V</u>	Mike Jor	<u>ies</u>		
X Add	<u>8V</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
l)Change		_			
Add					
Remove				-	
2) Change		_	<del></del>		
Add					
Remove 3.) Change		<u></u>		-	
Add					
Remove				_	
4) Change		_			
Add					
Remove				_	
5) Change		_		-	
Add				<u>.</u>	
Remove				_	
6)Change				_	
				-	
Remove				•	

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:  (if not applicable, indicate NA)	
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(if not applicable, indicate N/A)	

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The date of each amendment(s) adoption: $8/9/21$	, if other than the
Effective date if applicable:    S / A / D	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 statemen 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)	
Signature  (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)	
(Typed or printed name of person signing)	
(Title of person signing)	

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