P150000 54909

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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bA)	dress)	-
(Cit	y/State/Zip/Phone	e #)
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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Automotive Unlimited Technology of TRANSportation & Recover				
DOCUMENT NUMBER: <u>P150000 549 09</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Halvor Hausen JR Name of Contact Person				
Firm/ Company				
4329 State Road 29 S				
Address				
4329 State Road 29 S Address Labelle, FL 33935 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Halvor Hansen IR at (954) 598 - 2482 Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee & Certificate of Status 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

to

Articles of Incorporation

af

AUTOMOTIVE UNLIMITED TECHNOLOGY OF TRANSPORTATION & RECOVERY INC

(Name of Corporation as curren	tly filed with the Florida Dept, of State)	
P1500005	4909		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the f	ollowing amendr	nent(s) to
A. If amending name, enter the new name of the corporation:			
	·	Thenc	'W'
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must	oreviation "Corp. contain the wo	." rd
B. Enter new principal office address, if applicable:			-
(Principal office address MUST BE A STREET ADDRESS)			
			-
			-
C. Farman multipa address if applicables		191	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		E E	۱۱ سیسه -
	•	38	
		m ,	TII
		E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- 0
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the	量型・	
new registered agent and/or the new registered office addre	SS:	2.F	
Name of New Registered Agent			
Name of New Regimered Agent			
AFlorid.	street address)		
(i torical)			
New Registered Office Address:	Florida	(Zip Code)	_
	(C1iv)	(zap conc)	
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the p	osition.	
•			
Signature of Vin	Registered Agent, if changing		
inguiting to a second contract of the contract	The second section of the second section is the second section of the second section s		

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = President, Treasurer, Dire Changes should be noted	and/or D if necess rector title President Chief Fi ector wor in the fol ves the ce	Pirector being added: sary) le by the first letter of the office title: t; T = Treasurer; S = Secretary; D = Director; TR- inancial Officer. If an officer/director holds more uld be PTD. llowing manner. Currently John Doe is listed as to orporation, Sally Smith is named the V and S. The	eer/director being removed and title, name, and = Trustee: C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office held. the PST and Mike Jones is listed as the V. There is the see should be noted as John Doe, PT as a Change,	
X Change	<u>PT</u>	John Doc		
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				
Add				
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				
Page 2 of 4				
E. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary). (Be specific) I would like to Add exporting of goods/sales of goods to the				
L WOULD LIKE	<u> </u>	400 exporting of goods 15	pares of goods to the	
existing Conf.				

	····
•	
F. If an amendment provides for an exchange, reclassification, or cancellation of issurprovisions for implementing the amendment if not contained in the amendment it (if not applicable, indicate N/A)	<u>ed shares.</u> tself:
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provisions for implementing the amendment if not contained in the amendment it (if not applicable, indicate N/A) Page 3 of 4	iself:
Page 3 of 4 The date of each amendment(s) adoption:	iself:
(if not applicable, indicate N/A)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 was/were sufficiently.		The number of votes east for the amendment(s)
		s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) wa	s/were sufficient for approval
by		
•	(voting group)	-
action was not required. The amendment(s) was/were adopted	•	etors without shareholder action and shareholder without shareholder action and shareholder
action was not required.		
Dated/2/ Signature	27/19	
(By a direct selected, t		officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
		ansen Jane of person signing)
_	President	-
(T)	itle of person signing)	