## P1500065079

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

, ' ř

NAME OF CORPORATION:	Sky Auto Grou	p 1 Inc.			
DOCUMENT NUMBER: P15	000065079				
The enclosed Articles of Amenda	nent and fee are sul	bmitted for filing.			
Please return all correspondence	concerning this mat	ter to the following:			
		Eduardo Hernandez-Muno	z		
<del></del>		Name of Contact Person	l		
		Sky Auto Group 1 Inc.			
<del></del>		Firm/ Company	······································		
	3	604 Old Winter Garden Rd			
-		Address			
	O	rlando FL 32805			
		City/ State and Zip Code			
	sky	yautogroup@aol.com			
E-ma		ed for future annual report	notification)		
For further information concernir	ng this matter, pleas	e call:			
Eduardo Hernandez - Munoz		at (407	409-6941		
Name of Contact	Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the follow	Enclosed is a check for the following amount made payable to the Florida Department of State:				
	7.75 Filing Fee & tificate 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  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle			

Tallahassec, FL 32301

## Articles of Amendment to

Articles of Incorporation of

Sky /	Auto Grove 3	L, Inc.			
(Name o	of Corporation as currently	filed with the Florida Dept.	of State)		
P15	00006507	79			
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Torida Profit Corporation ad	opts the following	g ameno	iment(s) to
A. If amending name, enter the new na	ame of the corporation:				
				_The i	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "(	Co". A professional corpora			
B. Enter new principal office address, (Principal office address MUST BE A S		~ · \	Winter 60 32805	2rde	- - - -
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			r Garder 32805	) Ro	_ _ 
D. If amending the registered agent an new registered agent and/or the new			e of the		
Name of New Registered Agent	Eduardo Hernandez-Munoz	!		77	TA'S
	3604 Old Winter Garden R	d		SE	ECR ECR
	(Florida stre	et address)		i <del>To</del> I	
New Registered Office Address:	Orlando		Florida 32805	сэ 	277
	1	(City)	(Zip C	(2: 52	CF STATE
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position		<b>1&gt;</b>
Thereby accept the appointment as regist	erea agent. Tam jamtuar w	un ana accept the obligations	of the position.		
	Signature of New Ro	egistered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Eduardo Hernandez- Munoz	3604 Old Winter Garden Rd
X Add			Orlando, FL 32805
Remove			
2) Change	<del></del>		
Add			
Remove			SECRET ALL AH 15 SEP
3) Change	<del></del>		
Add			
Remove			STATE FLORIDA 112:52
4) Change			52 IDA
Add			<del>- · · · · · · · · · · · · · · · · · · ·</del>
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article Attach additional sheets, if necessory).	(Be specific)		
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provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:		
(g nor approvate, mateure 1911)			
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The date of each amendment(	e) adoption:	09/03/2015	, if other than the
date this document was signed.	e) ėnobuon		, ii other plan the
_	09/07/2015	(ASAP PLEASE)	
Effective date <u>if applicable</u> :		(no more than 91) days after amendment file date)	
Note: If the date inserted in the document's effective date on the		not meet the applicable statutory filing requirements, this d	ate will not be listed as the
Adoption of Amendment(s)	( <u>C</u> 1	HECK ONE)	
The amendment(s) was/were by the shareholders was/wer		shareholders. The number of votes cast for the amendment approval.	(5)
		ne shareholders through voting groups. The following statem g group entitled to vote separately on the amendment(s):	nent
"The number of votes	cast for the ame	endment(s) was/were sufficient for approval	
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(ve	iting group)	
action was not required.  The amendment(s) was/were action was not required.  Dated  Signature  (By sel-	09/03/ v a director, pre- ected, by an inconnted fiduciar	sident or other officer – If directors or officers have not been corporator – if in the hards of a receiver, trustee, or other coty by that fiduciary)  Hernandez- Munoz	SECRETARY OF STAT
	·······	(Typed or printed name of person signing)	··········
	لر	Syptem of prince famile of person signing)	
		(Titte of person signing)	