## P15000067079

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SECRETARY OF STAIL OIVISION OF CORPORALISM

JUN 28 2016 C LEWIS

## **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: Bell A.  DOCUMENT NUMBER: P15000	uto Malline			
The enclosed Articles of Amendment and fee are submitted	l for filing.			
Please return all correspondence concerning this matter to t	he following:			
K)35/N/N/EX	Ay KhAN  ne of Contact Person  Auto Mall  Firm/ Company  Jong PKWY  Address  FL 34741  State and Zip Code			
For further information concerning this matter, please call:				
Name of Contact Person	at ( 904 ) <u>405-809</u> Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable	. ' · '			
Certificate of Status Ce	3.75 Filing Fee & S52.50 Filing Fee critified Copy dditional copy is closed)			
Mailing Address	Street Address			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section-Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATION

Articles of Incol of	rporation	DIVISION OF C	ORPORATIONS
Bell Auto	Mal	2016 JUN 23 / V	PH 12: 48
(Name of Corporation as currently	filed with the Flo	rida Dept. of State)	
P150000 670	079		
(Document Number of C		own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida S	lorida Profit Corp	oration adopts the following a	mendment(s) to
A. If amending name, enter the new name of the corporation:			
A /	N		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A profession	"incorporated" or the abbr	te new eviation tain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, ente	er the name of the	
Name of New Registered Agent	NA		
(Florida stree	t address)		
1/4		ministra	
New Registered Office Address:	City)	, Florida(Zip Cod	(e)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the o	obligations of the position.	
Signature of New Res	gistered Agent, if c	hanging	

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:	, who buil	y Omiti, Dr uo un nuu.	
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>	Name	Address
1) Change	4	Mehwish Mannan	303 S John Young PHW KISSIMEBO FZ
Add			KISSIMER, FZ
Remove			3474)
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damacca			

ach additional sheets, if necessary).	(Be specific)
	11///-
	· / / / ·
	/
,	
n amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	$\mathcal{N}$
	<i>J</i> .
	·

The date of each amendment(s) adoption:	· 5-1-2016	ار ورز تر ب	fother than the
date this document was signed.	•	SECRETARY	OF STATE
Effective date if applicable:			
	(no more than 90 days after amendment file date)	2016 JUN 23	PM 12: 48
Note: If the date inserted in this block does redocument's effective date on the Department of	not meet the applicable statutory filing requirements, State's records.	this date will not	be listed as the
Adoption of Amendment(s) (CF	HECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amen approval.	dment(s)	
	te shareholders through voting groups. The following group entitled to vote separately on the amendment		
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval		
by	ting group)		
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and sha	reholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	older	
Dated $6-2$ )	-2016 Affer.		
Signature	sident or other officer – if directors or officers have no	ot boan	
	orporator – if in the hands of a receiver, trustee, or other		
• •	y by that fiduciary)		
	(Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
_	President		
	(Title of person signing)		