Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Co	
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# COR AMND/RESTATE/CORRECT OR O/D RESIGN SAMPEDRO MOTORS COMPANY INC

1
0
06
\$43.75

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SAMPEDRO MO	TORS COMPANY INC	
DOCUMENT NUMB	ER: P15000079592	·	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	·
Please return all corres	pondence concerning this ma	tter to the following:	
	CAPOCCIA DA GRACA, F	RANCO B	·
-		Name of Contact Person	n
		•	•
-	<u> </u>	Firm/ Company	<u> </u>
	4124 W COLONIAL DR		
, -		Address	<u> </u>
1	ORLANDO, FL 32808		
-		City/ State and Zip Cod	•
-	E-mail address: (to be us	sed for future annual report	notification)
	<b>2</b> = <b>2 (</b> • • • • • • • • • • • • • • • • • •		,
For further information	concerning this matter, pleas	se cail:	
CAPOCCIA DA GRA		at (	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

H200003629483

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation

SAMPEDRO	MO	PGOT	COMP	ΔNV	INC
NAMEDIAL	IVII	באטו	CALIVIT.	$\Delta$	1111

	of	to the state of
AMPEDRO MOTORS COMPANY INC		: ```
(Name of Cor	poration as currently filed with the Flo	rida Dept. of State)
15000079592		
(	(Document Number of Corporation (if known	own)
ursuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this Florida Profit Corp	oration adopts the following amendment(
. If amending name, enter the new name o	f the corporation:	
		The new
ame must be distinguishable and contain the w Inc.," or Co.," or the designation "Corp," chartered," "professional association," or the	"Inc," or "Co". A professional corp	rporated" or the abbreviation "Corp.," Poration name must contain the word
Enter new principal office address, if app		
rincipal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u> )	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u>CE BOX</u> )	· · · · · · · · · · · · · · · · · · ·
	<del></del>	
If amending the registered agent and/or r		er the name of the
new registered agent and/or the new regis	Stered Office address.	
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:	(Florida street address)	, Florida(Zip Code)

☐ 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)

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.

Farments, Van Remove	, unu bui	is smith, or as an itaa			
Example: X Change	PI	John Doe			
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	GM	DA GRACA CAMARA, MARIA I.	4124 W COLONIAL DR		
X Add		•	ORLANDO, FL 32808		
Remove					
2) Change		<u> </u>			
Add					
Remove 3) Change	<u></u>				
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
<u>——</u>					
Remove					

ruson admitoral sneets, if nece	onal Articles, enter ch essary). (Be specific,	· ———		
			_,_	
				<u> </u>
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an amendment provides for	r an exchange, reclass	ification, or cancella	ation of issped shar	es.
provisions for implementing (if not applicable, indicate	e N/A)	Contained in the ai	nenament usen.	
.,				

The date of each amendment(s) as late this document was signed.	loption: if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than yo days after amenament file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	toved by the shareholders through voting groups. The following statement 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)
Dated	10/19/2020
Signature	4
(By a d	rector, president or other officer - if directors or officers have not been
	i, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	CAPOCCIA DA GRACA, FRANCO B
	(Typed or printed name of person signing)
	VP
	(Title of person signing)