

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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R. WHITE

COVER LETTER

Division of Corpora	ntions			
NAME OF CORPORA DOCUMENT NUMBE	1150	Nic Can 000878	Group 26	Coup.
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspond	373 SUNN Eboris	Name of Contact Person Name of Contact Person No Mod Address City/ State and Zip Code Code Address City/ State and Zip Code	F1. 33	160
Patrici-	concerning this matter, pleas Contact Person	ic _{at (30)}	de & Daytime Telephone	. 610
	he following amount made p			
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate 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)	

TO: Amendment Section

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 Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

of the first transfer
Barkovic Car Group Longening
(Name of Corporation as currently filed with the Florida Dept. of State)
150000 87826 Million Prod
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: 373 Tolyeraus Dr
(Principal office address MUST BE A STREET ADDRESS) SUNNY TS FL.
33160
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3 +3 foinime.
Juny Isla F1.
27160
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent NA
Name of New Registered Agent
(Florida street address)
New Registered Office Address: , Florida, Florida
(City) (Zip Code)
•
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
P/A
Signature of New Registered 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 <math>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		- N/K-	·
Add		' / '	
Remove			
2) Change			,
Add		N/A	
Remove		171	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 4

	icles, enter change(s) he (Be specific)	
	<u> </u>	1/1
		JA
	•	
		•
	•	
	<u> </u>	
		<u> </u>
I an amendment provides for an eyeb	ange, reclassification, o	r cancellation of issued shares, I in the amendment itself:
provisions for implementing the ame	nument ii not contained	
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame	nument in its comained	۸
provisions for implementing the ame		7
provisions for implementing the ame		7
provisions for implementing the ame		7
provisions for implementing the ame		7
provisions for implementing the ame		7
provisions for implementing the ame		1
provisions for implementing the ame		1

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
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) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statement 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
(By a director, president of other officer - it directors or officers have not been
selected, by an incorporator V if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Patricia Barkovic
(Typed or printed name of person signing)

(Title of person signing)