| (Requestor's Name) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Capital City Motors Inc |
|---|
| DOCUMENT NUMBER: P 150 466 9 40 7 8 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Rasen Hatta (Name of Contact Person) |
| (Firm/ Company) |
| 3221 Aprilache Ptry |
| Tall whassee (City/State and Zip Code) |
| basen hatin Chatmail com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Basen Hatin (Name of Contact Person) at 850 4919955 (Area Code) (Daytime Telephone Number) |
| (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 \$\begin{array}{c} \$\\$43.75 Filing Fee & \$\begin{array}{c} \$\$\$43.75 Filing Fee & \$\begin{array}{c} \$\$\$\$\$52.50 Filing Fee & \$\begin{array}{c} \$\$\$\$\$\$Certificate of Status & \$\begin{array}{c} \$\$\$\$\$\$\$\$Certificate of Status & \$\begin{array}{c} \$\$\$\$\$\$\$\$\$Certificate of Status & \$\begin{array}{c} \$\$\$\$\$\$\$\$\$\$Certified Copy & \$ |

Mailing Address
Amendment Section

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

COVER LETTER

TO: Amendment Section

Division of Corporations

| The enclosed <i>Articles of Amendment</i> and fee are sub- Please return all correspondence concerning this matt | · · | | | | | |
|---|---|--|--|--|--|--|
| 2838 whit | Firm/ Company -tington 1 Address Size f 2 3 2 3 69 City/ State and Zip Code | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: Rasen Hakim at (850) 491 9955 | | | | | | |
| Name of Contact Person | at (856) 491 9955 Area Code & Daytime Telephone Number | | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | | |
| \$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}\$ | □\$43.75 Filing Fee & □\$52.50 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 Tallahassee, FL 32301 | | | | | |

Articles of Amendment to Articles of Incorporation Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 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 in Florida, enter the name of the new registered agent and/or the new registered office address; Name of New Registered Agent (Florida street address) New Registered Office Address: 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. 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.

| Evamento. | e, and suny | omin, or as an Ada. | | | |
|-------------------------------|--------------------|---------------------|---------|------------------|------|
| Example: X_Change | <u>PT</u> . | <u>John Doe</u> | | | |
| X Remove | <u>V</u> <u>1</u> | Mike Jones | | | - |
| <u>X</u> Add | <u>sv</u> <u>s</u> | Sally Smith | | | |
| Type of Action (Check One) | Title | Name | | <u>Addres</u> s | • |
| 1) Change | siden" | t Marian | Mikhail | 2838 whittingto. | , d; |
| Ađđ | | | | Tallahassu | |
| Remove | | | | FL 32309 | |
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| 5) Change | | | | | |
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| Remove | | | | | |
| 6) Change | | | | | |
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| Attach <i>additions</i> | adding additional Art I sheets, if necessary). | (Re specific) | inge(s) nere: | | | |
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| f an amendmen | t provides for an exc | hange, reclassi | fication, or can | cellation of is: | sued shares, | |
| provisions for i | mplementing the ame | endment if not | contained in th | ie amendment | itself: | |
| (ij not appii | icable, indicate N/A) | | | | | • |
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| The date of each amendment(s) adoption: date this document was signed. | 12/ | <u>c3</u> | 15 | | *** | , if other than th | ıe |
|--|----------------|------------|-------------|---------------------------|------------------|--------------------|-----------|
| Effective date if applicable: | · | | | | | | |
| | (no more t | han 90 di | ays after a | mendment file date) | | | |
| Note: If the date inserted in this block does n document's effective date on the Department of | | | e statutor | y filing requirements, 1 | this date will n | ot be listed as th | ìе |
| Adoption of Amendment(s) (CH | ECK ONE) | ı | | | | | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a | | . The nu | mber of v | otes cast for the amend | lment(s) | | |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | | | | | | 西路 | |
| "The number of votes cast for the amen | dment(s) wa | as/were s | ufficient f | or approval | | |) |
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| ☐ The amendment(s) was/were adopted by the action was not required. | board of dire | ectors wi | thout shar | eholder action and sha | reholder | E.A. | ٠٠ ٢ |
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| Dated2 | 5/1 | 5 | | | | | |
| Signatura | | | | | | | |
| Signature(By a director, pres | ident or other | er officer | – if direct | tors or officers have no | t been | | |
| selected, by an inc | orporator – i | f in the h | ands of a | receiver, trustee, or oth | ier court | | |
| appointed fiduciar | by that fidu | ıciary) | | | | | |
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