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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassec, FL 32314

Division of Corporations				
NAME OF CORPORATION: AND AUTO INC. DOCUMENT NUMBER: P1600000 4919				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ana C. Rubid				
Name of Contact Person				
Graguir, TOC				
Firm/ Company				
8243 SW 107 Are # D				
Address T/ 23/72				
MIAMI IL 33/73 /City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ang C. Rubio at 186, 360-1473				
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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Status Certified Copy (Additional Copy is enclosed)				
Malling Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

	Articles of Amendment		F_{II}
	to Articles of Incorporation	2010	KEN
7)	of	-0/6/	ER, -U
anagun Ti	nC	Tail CAR	EBII PH 4:31
(Name of Corporat	tion as currently filed with the l	Clorida Dept. of State	7:31
PILOCO	200 2/9/9	·	SEE FILLIAM
(Docu	ment Number of Corporation (if)	known)	OriDA
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Florida Profit Ca</i>	orporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the c	corporation:		
			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A professi	or "incorporated" or ional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address <u>MUST BE A STREET AD</u>			
	·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox</u>)		
			
			
D. If amending the registered agent and/or registence new registered agent and/or the new registered		inter the name of the	
Name of New Registered Agent			
name of their regarders rigen			
	(Florida street address)		
	(, , , , , , , , , , , , , , , , , , ,		
New Registered Office Address:	(City)	, Florida	(Zip Code)
	(Chy)	_	(Elp Colley
		()	
New Registered Agent's Signature, if changing Re	egistered Avent:	· f	
I hereby accept the appointment as registered agent.	I am familiar with and accept the	helobligations of the posi	ition.
1 -	fletin !	<u></u>	
Sto	mature 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 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>sy</u>	Saily Smith	0
Type of Action (Check One)	Title	Rubio and	Address
Add			
Remove			
2) Change			
Add			
Remove		<i>:</i>	
3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Ar ul sheets, if necessary).	(Be specific)	_		ř.
					
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				· · · · · · · · · · · · · · · · · · ·	
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t an amendmen	t provides for an excl	iange, reclassific	ation, or cancellat	ton of issued shares	1
provisions for i	cuble, indicate N/A)	ANTIDICAL EL MOL CO	manga m the ann	Hument Rach.	
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The date of each amendment(s) adoption: $01/29/2016$ date this document was signed.	, if other than th
01/29/30/4	
Effective date if applicable: 01/29/3016 (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 wil document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
(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 01/29/16.	, -
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ana C. Rubio	
(Typed or printed name of person signing)	
President	
(Title of person signing)	