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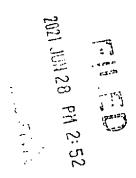
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		NATIONAL MOTOR COF	RP
DOCUMENT NUMB	P16000036450 ER:		<u></u>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	STACEY WILSON		
-		Name of Contact Persor	1
-	7635 ASHLEY PARK CT 50	Firm/ Company 3U	
-	ORLANDO FL 32835	Address	
-		City/ State and Zip Code	2
For further information	E-mail address: (to be us concerning this matter, please	sed for future annual report se call:	notification)
STACEY WILSON		407 at (374-2457
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as current	ly filed with the Florid	da Dept. of State)	}	
FEARLES INTERNATIONAL MOTOR	CORP				
	(Document Number of	of Corporation (if know	n)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpor	ation adopts the fo	ollowing amendmer	ıt(s) to
A. If amending name, enter the new na	me of the corporation:				
NIA				The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpor			
B. Enter new principal office address,	f applicable:	NA			
(Principal office address MUST BE A S'		,			
					a 57%
				<u></u>	1. 3 ************************************
C. Enter new mailing address, if appli	NIA				
(Mailing address MAY BE A POST (OFFICE BOX	10174		79	9 3
				~	انعه
				بر	Š
D. If amending the registered agent an	d/or registered office add	lress in Florida, enter	the name of the		
new registered agent and/or the new			the hame of the		
Name of New Registered Agent	NA				
			******	- 	
	(Florida st	reet address)			
New Registered Office Address:			, Florida		
Signature Signat		(City)	, , , , , , , , , , , , , , , , ,	(Zip Code)	
New Registered Agent's Signature, if cl	sanging Degistered Agen				
I hereby accept the appointment as registed			ligations of the po	sition.	
	Signature of New F	Registered Agent, if cha			
		Total our righting y one	···o····o		

Check if applicable

☐ 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 <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>	<u>John Do</u>	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		PAMELA BOOTHE-WHYTE	2752 N JULIET DR
X Add		_		DELTONA, FL 32728
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	_	_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	neets, if necessary).	icles, enter change (Be specific)				
1 11/2						
VIA						
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. .						
						
			- <u>-</u>			
. <u></u> ,						
			ation, or cancella	tion of issued sh	iares,	
If an amendment :	provides for an exc	:hange, reclassifica				
If an amendment provisions for im	provides for an exc plementing the am	hange, reclassifica endment if not cor	ntained in the am	endment itself:		
provisions for im	provides for an exc plementing the am ble, indicate N/A)	change, reclassifica endment if not cor	ntained in the am	endment itself:		
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amena	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filir document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors vaction was not required.	vithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	"
(voting group)	
3/30/21 Dated	
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 receiv appointed fiduciary by that fiduciary)	
GEORGE SERINASH	
(Typed or printed name of person sig	ning)
PRESIDENT	

(Title of person signing)