P16000036922

(Re	equestor's Name)			
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	DRATION: AMERICAN AUT	O RELOCATORS, INC.	
	1BER: P16000036922		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	JUAN A GESSA		
		Name of Contact Person	n
	AMERICAN AUTO RELOC	CATORS, INC.	*
		Firm/ Company	
	4514 28th ST SW		
		Address	
	LEHIGH ACRES, FL 33973		
		City/ State and Zip Cod	e
AA	RFTMYERS@GMAIL.COM		
<u>:</u>		sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
JUAN A GESSA		at (²³⁹	de & Daytime Telephone Number
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$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)
<u>M</u>	ailing Address	Street	Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMERICAN AUTO RELOCATORS, INC.

(<u>N</u> ame of	Corporation as curren	tly filed with the Florida D	ept. of State)	
P16000036922				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following an	nendment(s)
A. If amending name, enter the new nar	ne of the corporation:			
N/A			Th	e new
name must be distinguishable und conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or	"Co". A professional corp	rporated" or the abbre	viation
		N/A		<u> </u>
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>			<u> </u>	- ≅
armequi oggree addiess <u>in est 52 /1 2 /</u>	,		SS	9-
			<u>in</u> =	<u>⇒</u> .
		A		œ (
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A	ATE:	
(muning dudress MAT BE ATOST O	TTICE BOX	 	***	
				
D. <u>If amending the registered agent and</u>	ton modistaned office ad	dessa in Florida, anton tha		
new registered agent and/or the new			name or the	
Name of New Registered Agent	N/A			
	N/A			
-		street address)		
	(* 107 104 1	m co. uuur cony		
New Registered Office Address: _		(City)	, Florida (Zip Code	·)
		(Cii,v)	(Zip Cone	,
New Registered Agent's Signature, if ch	anging Registered Age	<u>ıt:</u>		
I hereby accept the appointment as registe			ions of the position.	

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	JOSE LUIS LIMA	3733 2nd ST SW
X Add			LEHIGH ACRES, FL 33976
Remove			
2) Change	S	JORGE R. CUETO GONZALEZ	1212 SE 24th AVE
X Add			CAPE CORAL, FL 33990
Remove			
3) Change	DIR	JUAN A GESSA	4514 SW 28th ST SW
Add			LEHIGH ACRES, FL 33973
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
/A	
 	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
//A	
//A	
/A	
/A	

06/02/2016	
The date of each amendment(s) adoption: date this document was signed.	_, if other than the
06/02/2016	
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 document's effective date on the Department of State's records.	not be listed as the
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)	
(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.	
06/02/2016	
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 receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
JUAN A GESSA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	