## PUOCCOLITA

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del></del>
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100313350021

05/18/18--01019--023 \*\*35.00



Amend

MAY 22 2018

I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MOTORES CAGE	JA CORP	
DOCUMENT NUM	BER: P16000044794		<del> </del>
	s of Amendment and fee are so	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	RONALD MUNOZ		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n
	PRESIDENT		
		Firm/ Company	
	5124 SW 128 AVE		
		Address	
	MIAMI FLORIDA 33175		
		City/ State and Zip Cod	e
ERII	KAIFM@HOTMAIL.COM		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
RONALD MUNOZ		at (	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or 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)	☐\$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		Ameno Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MOTORES CAGUA	COR	V
MOTOKES CHOOK	レント	1

of Corporation as curren	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
ame of the corporation:	
	The new
nation "Corp," "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
	N/A
<i>OFFICE BOX</i> ) ad/or registered office ad	N/A  ATELIAN  N/A  ATELIAN  SEE FLORI  TO THE NAME OF
RONALD MUNOZ	<del>331</del>
5174 CW 139 AV	
	the state of the s
MIAMI	, Florida
	(City) (Zip Code)
	nt: r with and accept the obligations of the position.  Must
	ame of the corporation:  Itain the word "corporationation "Corp." "Inc." or the abbreviation  If applicable:  TREET ADDRESS)  Icable: OFFICE BOX  Addor registered office addre  RONALD MUNOZ  5124 SW 128 AV  (Florida & MIAMI

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>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	ERIKA FERNANDEZ	5124 SW 128 AVE
Add			MIAMI FLORIDA 33175
X Remove			-
2) X Change	P	RONALD MUNOZ	5124 SW 128 AVE
Add			MIAMI FLORIDA 33175
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A

• • •	05/15/2018	
The date of each amendment(s)	idoption:	, if other than the
date this document was signed.	15/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	n file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing redepartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were:	lopted by the shareholders. The number of votes cast fufficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
"The number of votes can	t for the amendment(s) was/were sufficient for approve	al
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were accion was not required.	lopted by the board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action	and shareholder
05/15/20 Dated	8	
Signature	Ronald Musses  director, president or other officer — in directors or offi	· · · · · · · · · · · · · · · · · · ·
select	director, president or other officer —if directors or officed, by an incorporator — if in the hands of a receiver, truted fiduciary by that fiduciary)	
	RONALD MUNOZ	
	(Typed or printed name of person signing	()
	PRESIDENT	
	(Title of person signing)	