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To;

Division of Corporations

Fax Number

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From:

Account Number : 120000000019

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN CAR WEST INC

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OCT 28 2015

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Articles of Amendment to Articles of Incorporation of

| CAR WEST INC | • | |
|---|--|---|
| | rporation as currently filed with the Florida Dep | t. of State) |
| P16000045771 | | · · · · · · · · · · · · · · · · · · · |
| | (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006 its Articles of Incorporation: | , Florida Statutes, this Florida Profit Corporation a | dopts the following amendment(s) to |
| A. If amending name, enter the new name of | I the corporation: | |
| | | The new |
| name must be distinguishable and contain a "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association," | the word "corporation," "company," or "incorp "Corp," "Inc," or "Co". A professional corpor " or the abbreviation "P.A." | orated" or the abbreviation ation name must contain the |
| B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE)</u> | | · |
| C. Enter new mailing address, if applicable | | |
| (Mailing address MAY BE A POST OFF) | | |
| | | |
| • | | |
| D. If amending the registered agent and/or new registered agent and/or the new reg | registered office address in Florida, enter the nan istered office address: | ne of the |
| | (Florida street address) | |
| | , | PL 11. |
| New Registered Office Address: | (City) | , Florida(Zip Code) |
| New Registered Agent's Signature, if chang I hereby accept the appointment as registered | ing <u>Registered Agent:</u> agent. I am familiar with and accept the obligation | us of the position. |
| | | |
| | Signature of New Registered Agent, if changing | 11 27 A |
| | Page 1 of 4 | The second second |
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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:

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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 | PI | <u> John Doe</u> | |
|-------------------------------|--------------|-------------------------|---------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) X Change | VP | FERRER CHACIN, JENNYLIN | 7982 NW 56 ST UNIT 7982 A |
| Add | | | DORAL, FL 33166 |
| Remove | | | <u> </u> |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

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| • | #16000265 |
|--|---------------------------------------|
| Amending or adding additional Articles, enter change(s) here: | · |
| tach additional sheets, if necessary). (Be specific) | |
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| | -M-M |
| n amendment provides for an exchange, reclassification, or canc ovisions for implementing the amendment if not contained in the | s amendment itself: |
| (if not applicable, indicate N/A) | · · |
| TT AM | |
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| The deep appears and a second | 10/27/2016 | H16000265263 | |
|---|--|--|----------|
| The date of each amountment(s) date this document was signed. | adoption: | , if other t | ban the |
| Effective date if applicable: | | | |
| | (no more than 90 days o | ofter amendment file date) | |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable ste Department of State's records. | ntutory filing requirements, this date will not be listed | l as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were ac by the shareholders was/were s | topted by the shareholders. The number sufficient for approval. | r of votes cast for the amendment(s) | |
| The amendment(s) was/were apmust be separately provided for | oproved by the shareholders through vot or each voting group entitled to vote sep | ing groups. The following statement orately on the amendment(s): | |
| "The number of votes cas | t for the amendment(s) was/were suffici | ent for approval | |
| by | (voling group) | * | |
| | (voting group) | | |
| The amendment(s) was/were ac action was not required. | lopted by the board of directors without | shareholder action and shareholder | |
| ☐ The amendment(s) was/were ac action was not required. | lopted by the incorporators without shar | eholder action and shareholder | |
| 10/27/201 | 6 | | |
| Dated | 11-11-150 | | • |
| Signature | how flevise | | |
| (By a | director, president or other officer - if d | irectors or officers have not been | |
| select | ed, by an incorporator – if in the hands of | of a receiver, trustee, or other court | |
| appor | nted fiduciary by that fiduciary) | | |
| | OLLARVIDES, JHON L | | |
| | (Typed or printed name of | person signing) | |
| | PRESIDENT | | |
| | (Title of person | n signing) | |