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OCT 04 2017 S. YOUNG SECRETARY OF STATE

ANALYSES YELDRID.

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: COLO PARTS SUP	PPLY INC
DOCUMENT NUMBER: P16000045887	
The enclosed Articles of Amendment and fee are sul	abmitted for filing.
Please return all correspondence concerning this mat	atter to the following:
KATIA CEPENA	
	Name of Contact Person
KC N ASSOCIATES INC	
-	Firm/ Company
11451 SW 40TH ST #211	
	Address
MIAMI, FL 33165	
	City/ State and Zip Code
KCNASSOCIATES@AOL.COM	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
KATIA CEPENA	786 769-9832
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 □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

COLD PARTS SUPPLY INC

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P16000045887	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	6301 NW 37TH AVE MIAMI, FL 33147
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	(red address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer: CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	and/or Di if necessor rector title President, = Chief F r, Directo in the fol ves the co	irector be ary) : by the fi : T= Trea inancial ir would b lowing ma prporation	rst letter of the office title isurer; S= Secretary; D= Officer. If an officer/dir oe PTI). anner. Currently John E n, Sally Smith is named t	:: = Director: Th ector holds m loe is listed as	R= Trus sore tha the PS	rector being removed and title, name, and stee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name			Address
1) Change		_			-	
Add						
Rегпоче						
2) Change		_]	-	
Add					=	
Remove						
3) Change		_			· -	
Add					-	
Remove						
4) Change	- · <u>- · · · · · · · · · · · · · · · · ·</u>	_		-		
Add					•	
Remove						
5) Change						
Add						
Remove						
5) Change						
Add		-			-	· · · · · · · · · · · · · · · · · · ·
Remove					•	

famending or adding additional Articles, enter change(s Attach additional sheets, if necessary). (Be specific)	
·····	
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f an amendment provides for an exchange, reclassificatio	on, or cancellation of issued shares,
provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	ined in the amendment itself:
(y noi applicable, maicale MA)	
	,
	\

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 appl document's effective date on the Department of State's records.	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes east for the amendment(s) was/we	ere sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	rs without shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators wi action was not required.	thout shareholder action and shareholder
09/25/2017 Dated	
	ficer - if directors or officers have not been the hands of a receiver, trustee, or other court y)
EYCSA R MUCARSEL	
(Typed or printed	d name of person signing)
PRESIDENT	
(Title	e of person signing)