P16000047279

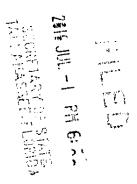
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JUL 07 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SKYONE AUTO	BROKERS, INC	
DOCUMENT NUM	BER: P16000047279		
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	LAURA E FLORES		
		Name of Contact Per	son
	SKYONE AUTO BROKER	S, INC	
		Firm/ Company	
	10131 W OKEECHOBEE R	D SUITE 202	
		Address	
	HIALEAH GARDENS, FL.	33016	
	**************************************	City/ State and Zip C	ode
SKY	ONEAUTOBROKERS@GM	AIL.COM	
	E-mail address: (to be us		ort notification)
For further information	on concerning this matter, pleas	se call:	
LAURA FLORES		305	965-5719
Name	of Contact Person		Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida De	epartment 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)
Am Div P.C	illing Address lendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Ame Divi Clift	ret Address endment Section sion of Corporations on Building I Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SKYONE	ALITO	BROKERS.	INC
OK I VIVI	αo	DIXVIXIAND.	

·	of Corporation as curre	atly filed with the Florida Dep	it. of State)
P16000047279			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new na N/A	ame of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			.; ~
			APPA
C. Enter new mailing address, if appli	icable:	N/A	(100 T.) (2) (3)
(Mailing address <u>MAY BE A POST</u>		IN/A	\$45
			and the second s
D. If amending the registered agent an new registered agent and/or the new			me of the
	LAURA E FLORES		
Name of New Registered Agent	10131 W OKEECHOB	RE DID SHITE 202	
		street address)	
	HIALEAH GARDENS	sir car address)	33016
New Registered Office Address:		(City)	, Florida (Zip Code)
		15.97	
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligation	ns of the position.
	_/ \		
). N	tim	
	Jignature of New	Registered Agent, if changing	AND THE RESIDENCE OF THE PARTY

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.

X Change	PT	John Doe	
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) Change	P	NURY E GARCIA	10131 W OKEECHOBEE RD
Add			SUITE 202
X Remove			HIALEAH GARDENS, FL 33016
2) X Change	P	LAURA E FLORES	10131 W OKEECHOBEE RD
Add			SUITE 202
Remove			HIALEAH GARDENS, FL 33016
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
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

	N/A	
The date of each amendment(s) late this document was signed.	adoption:	, if other than the
_	'A ·	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required. The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholded dopted by the incorporators without shareholder action and shareholder	er
action was not required.		
JUNE 28 Dated	, 2016	
	director, president or other officer – if directors or officers have not been	
	ted, by an incorporator if in the hands of a receiver, trustee, or other coun inted fiduciary by that fiduciary)	rt .
	LAURA E FLORES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	