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| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nai | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificate:     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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R. WHITE

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| AUTO LINDO MI    | AMI CORP         |              |                                |
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|                  |                  |              | Art of Inc. File               |
|                  |                  |              | LTD Partnership File           |
|                  |                  | <u> </u>     | Foreign Corp. File             |
|                  |                  |              | L.C. File                      |
|                  |                  |              | Fictitious Name File           |
|                  |                  |              | Trade/Service Mark             |
|                  |                  | <del></del>  | Merger File                    |
|                  |                  | ✓_           | Art. of Amend. File            |
|                  |                  |              | RA Resignation                 |
|                  |                  |              | Dissolution / Withdrawal       |
|                  |                  |              | Annual Report / Reinstatement  |
|                  |                  | ✓            | Cert. Copy                     |
|                  |                  |              | Photo Copy                     |
|                  |                  |              | Certificate of Good Standing   |
|                  |                  | ✓            | Certificate of Status          |
|                  |                  |              | Certificate of Fictitious Name |
|                  |                  |              | Corp Record Search             |
|                  |                  |              | Officer Search                 |
|                  |                  |              | Fictitious Search              |
| Signature        |                  |              | Fictitious Owner Search        |
| Signature        |                  |              | Vehicle Search                 |
|                  |                  |              | Driving Record                 |
| Requested by: BA | 0/0/17           |              | UCC 1 or 3 File                |
|                  | 8/2/16           |              | UCC 11 Search                  |
| Name             | Date             | Time         | UCC 11 Retrieval               |
| Walk-In          | _ Will Pick Up _ |              | Courier                        |

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORA                | TION: AUTO LINDO N                          | MIAMI, CORP.   |   |
|--------------------------------|---|--|---|
| DOCUMENT NUMBER                | R:  |  |   |
| The enclosed Articles of       | Amendment and fee are su                    | ibmitted for filing.   |   |
| Please return all correspon    | ndence concerning this ma                   | tter to the following:   |   |
| FR                             | ANK R MARTINEZ                              |  |   |
|                                | ·   | Name of Contact Person   |   |
| JA.                            | TO LINDO MIAMI COI                          | •  |   |
| <del></del>                    |   | Firm/ Company  |   |
| 15                             | 125 NW 92 AVE                               |  |   |
| <del>-</del>                   |   | Address  |   |
| MI                             | AMI LAKES, FL 33018                         |  | <del></del>   |
|                                |   | City/ State and Zip Code   |   |
| Frank@N                        | MoneyOne.com                                |  |   |
| ·                              | E-mail address: (to be us                   | ed for future annual report i                                      | notification)   |
| For further information co     | ncerning this matter, pleas                 | se call:   |   |
| FRANK R MARTINEZ               |   | at (   | 490-5745  |
| Name of C                      | ontact Person                               | Area Cod   | e & Daytime Telephone Number  |
| Enclosed is a check for the    | e following amount made                     | payable to the Florida Depar                                       | tment 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) |
| Mailing 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
Taliahassee, FL 32301

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## Articles of Amendment to Articles of Incorporation of

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| <del></del> · ·  | of Corporation as curren  | ntly filed with the Florida Dept. of State)  |  |
|--|---|--|--|
| 16000060661  |   |  |  |
|  | (Document Number  | of Corporation (if known)  |  |
| rsuant to the provisions of section 607. Articles of Incorporation:  | .1006, Florida Statutes, thi  | is Florida Profit Corporation adopts the following amendme   |  |
| If amending name, enter the new no   | ame of the corporation:   |  |  |
| me must be distinguishable and con<br>orp.," "Inc.," or Co.," or the design<br>rd "chartered," "professional associa | ation "Corp," "Inc," or   | The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." |  |
| Enter new principal office address,  | if applicable:  | 8336 NW 74 AVE   |  |
| rincipal office address <u>MUST BE A S</u>   |   | MEDLEY, FL 33166   |  |
| Enter new mailing address, if appli<br>(Mailing address MAYBE A POST (   |   |  |  |
| (AZDENIE GUAREN BARRES (AZAL DE ALOS)  | THEE BOX  |  |  |
| If amending the registered agent an  | d/or registered office add<br>v registered office addres                                      | dress in Florida, enter the name of the  |  |
| If amending the registered agent an  | d/or registered office add  |  |  |
| If amending the registered agent an<br>new registered agent and/or the new   | d/or registered office add<br>v registered office addres                                      |  |  |
| If amending the registered agent an<br>new registered agent and/or the new   | d/or registered office add<br>registered office addres<br>FRANK R MARTINEZ<br>15125 NW 92 AVE |  |  |
| If amending the registered agent an<br>new registered agent and/or the new<br>Name of New Registered Agent           | d/or registered office add<br>registered office addres<br>FRANK R MARTINEZ<br>15125 NW 92 AVE | is:  |  |

Signature of New Registered Agent, if changing

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             | PT           | John Doe         |                                       |
|-------------------------------|--------------|------------------|---------------------------------------|
| X Remove                      | <u>v</u>     | Mike Jones       |                                       |
| X Add                         | <u>SV</u> .  | Sally Smith      |                                       |
| Type of Action<br>(Check One) | <u>Title</u> | Name             | Address                               |
| 1) X Change                   | PT           | FRANK R MARTINEZ | 15125 NW 92 AVE                       |
| Add .                         |              |                  | MIAMI LAKES, FL 33018                 |
| Remove                        |              |                  |                                       |
| 2) Change                     | <del></del>  |                  |                                       |
| Add                           |              |                  |                                       |
| Remove                        |              |                  |                                       |
| 3') Change                    |              |                  |                                       |
| Add                           |              |                  |                                       |
| Remove                        |              |                  |                                       |
| 4) Change                     |              | ~                |                                       |
| Add                           |              |                  |                                       |
| Remove                        |              |                  |                                       |
| 5) Change                     |              |                  |                                       |
| Add -                         |              | `                | · · · · · · · · · · · · · · · · · · · |
| Remove                        |              |                  |                                       |
| 6) Change                     |              |                  |                                       |
| Add                           |              |                  |                                       |
| Remove                        |              |                  |                                       |

| y,   | (Be specific)  |                      |             |             |
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|  | AUGUST 2, 2016  |                      |
|--|---|----------------------|
| The date of each amendment(s) a date this document was signed.           | doption:  | _, if other than the |
| Effective date if applicable:  |   | •                    |
|  | (no more than 90 days after amendment file date)  | <del></del>          |
| Note: If the date inserted in this bedocument's effective date on the De | plock does not meet the applicable statutory filing requirements, this date will a partment of State's records.                             | not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |                      |
| The amendment(s) was/were ado<br>by the shareholders was/were su         | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  | 1                    |
|  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |                      |
|  | for the amendment(s) was/were sufficient for approval   |                      |
| by   | (voting group)  |                      |
| •  | (voting group)  |                      |
| The amendment(s) was/were adopted action was not required.               | oted by the board of directors without shareholder action and shareholder   |                      |
| The amendment(s) was/were adopted action was not required.               | eted by the incorporators without shareholder action and shareholder  |                      |
| AUGUST   | 2, 2016   |                      |
| Dated  | Translaft Ca  |                      |
| Signature(Ry a din   | ector, president or other officer - if directors or officers have not been  | -                    |
|  | by an incorporator — if in the hands of a receiver, trustee, or other court   |                      |
|  | d fiduciary by that fiduciary)  |                      |
|  | FRANK R MARTINEZ  | ļ                    |
|  | (Typed or printed name of person signing)   |                      |
|  | PRESIDENT   |                      |
| <u></u>  | (Title of person pigning)   | <del></del>          |