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(Re	questor's Name)	_
(Add	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: $\frac{A}{P} \frac{210}{100}$	s Auto Sa 20062098	les
	f Amendment and fee are su	_	
		-	
Please return all corresp	ondence concerning this ma	tter to the following:	
		Name of Contact Person	Cope 7
-		Name of Contact Person	
_	A	Plus Auto S	iales
_	· 	Firm/ Company	
		2203 CI	turind All
		Address	<i>c</i>
		1-017 M	tacs fl 33901
		City/ State and Zip Code	
	E-mail address: (to be us	sed for future annual report r	notification)
		•	
For further information	concerning this matter, pleas	se call:	
	an lopez	at (_239	1. 288-8266 le & Daytime Telephone Number
Name of	Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment of State:
□P\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Maili	ng Address	Street A	Address
Amendment Section		Amendment Section	
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Talla	hassee, FL 32314		recutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

	Articles of Inc	orporation		
$\Lambda^{\prime} \mathcal{D}_{1}$	$\int \int $		(, , , , ,	
	AUTO	Sales		
(<u>Name or</u>	Corporation as currenti	y filed with the Florida Do	ept. of State)	
	(Document Number o	f Corporation (if known)		
Durguent to the provisions of section 607 II		·	adonts the following amo	andmont/c\ to
Pursuant to the provisions of section 607.19 its Articles of Incorporation:	500, Florida Statutes, tilis	rumua rroja Corporaum	adopts the following and	:nament(s) to
A. If amending name, enter the new name	ne of the corporation:	•		
			The	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp." "Inc." or "	Co". A professional corp.		
B. Enter new principal office address, if	applicable:	2203 Cleve	low Aul	
(Principal office address <u>MUST BE A ST.</u>	REET ADDRESS)	fort Myre	s fl 3390	<u>) </u>
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		2203 (1	evelond Au	Ĺ
(<i>manning</i> annicos) <u>(2011-121-74-7-051-0</u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Fult my	evelod Au	101
D. If amending the registered agent and	or registered office addi	ress in Florida, enter the n	ame of the	
new registered agent and/or the new	registered office address	<u>:</u>		
Name of New Registered Agent				
_	2203 Cleveland Av	e. 		
		eet address)	33901	
New Registered Office Address:	Fort Myers	Witness .	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as register			and the sources	
т негену ассерь те арронитет из гедімен	ea agem. Tam jamana v	van ana accept me oonigaa		
			39.3 A	
	Signature of New F	Registered Agent, if changin		111
	enginimic ty frem to	espendica (igem) y enungin	·	C y
			- 	

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 (Check One)	<u>Title</u>	<u>Name</u> Juan C Lopez	<u>Addres</u> s
1) X Change	P		2203 Cleveland Ave.
Add			Fort Myers, FL 33901
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Auach additional sheets, if necessary).	(Be specific)	
		
		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
 		
		_

The date of each amendment(s) adoption:	, if other than the
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 applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	,
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Juan Lopez	
(Typed or printed name of person signing)	
Pies. Jat	
(Title of person signing)	