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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NATALIE AUTO RETAIL INC.					
DOCUMENT NUMBER: P16000064378						
The enclosed Articles of Amena	<i>lment</i> and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
FADY A MIKHAIL						
	Name of Contact Person					
	Firm/ Company					
1572 BR	DGEWATER DR					
	Address					
TARPON	SPRINGS, FL 34689					
	City/ State and Zip Code					
-	all address: (to be used for future annual report notification)					
1,-111	an address. (to be used for future annual report notification)					
For further information concerni	ng this matter, please call:					
FADY MIKHAIL	at (727) 940-3486					
Name of Contact	Person Area Code & Daytime Telephone Number					
Enclosed is a cheek for the follo	wing amount made payable to the Florida Department of State:					
	3.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee rtificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Addr Amendment S Division of Co P.O. Box 632 Tallahassee, F	Amendment Section proporations Division of Corporations Clifton Building					

Articles of Amendment to Articles of Incorporation of

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TB MAY 14 PM 3: 48

NATALIE AUTO RETAIL INC.

	··	crosf[AB	17 (A) 5 (A) 5	
	(Name of Corporation as currently	filed with the Florida Dep	tiof State	
P16000064378		(
	(Danumant Number of C	Comment (IS)		
į	(Document Number of C	, orporation (11 known)		
Pursuant to the provisions of sectits Articles of Incorporation:	ction 607,1006, Florida Statutes, this Fi	lorida Profit Corporation a	dopts the following amo	endment(s) to
A. If amending name, enter th	ie new name of the corporation:			
NA			77h.	
"Corp.," "Inc.," or Co.," or il	and contain the word "corporation, he designation "Corp." "Inc." or "Co d association," or the abbreviation "P.	o". A professional corpora	orated" or the abbrev	iation
B. Enter new principal office (Principal office address MUST				
C. Enter new mailing address				<u> </u>
(Mailing address <u>MAY BE</u>)	<u>(POST OFFICE BOX</u>)			_
D. If amending the registered new registered agent and/o	agent and/or registered office address:	ss in Florida, enter the nam	ne of the	
Name of New Registere	d Agent			
'				
	(Florida stree	i address)		
New Registered Office A	Address:		. Florida	
Service Superior		Tity)	Zip Coder	
New Registered Agent's Signat hereby accept the appointment	ure, if changing Registered Agent: as registered agent. I am familiar wit		s of the position.	
	Signature of New Reg	tistered 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.

X Change	PT Jo	hn Doe	
X Remove	$\underline{V} \mid \underline{M}$	ike Jones	
X Add	<u>sv</u> sa	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MAGED F. HONIEN	1500 CLUB DR
X Add	İ		TARPON SPRINGS, FL 34689
Remove	ļ		
2) X Change	VP	FADY A MIKHAIL	1572 BRIDGEWATER DR
Add			TARPON SPRINGS, FL 34689
Remove			
3) Change			
Add			
Remove			
	:		
4) Change			
Add			
Remove			
51 Change			
Add	1		
Remove			
Z			
6) Change	 -		
Add	[
Remove			

If amending or adding additional sheets, if	necessary).	(Be specific)				
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f an amendment provides provisions for implement	<u>s for an exch</u> ling the ame	ange, reclassifica ndment if not cor	tion, or cancel itained in the a	lation of issued mendment itse	<u>l shares.</u> H:	
(if not applicable, indi	icate N/A)			3111111		
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The date of each amendment(date this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this day Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s e sufficient for approval.	;)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
, ph		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
MAY 7 Dated	2018	
Signature		
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other cour	 1
арі	MAGED HONIEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	