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Ampl

APR 28 2017

R. WHITE

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COVER LETTER

TO: Amendment Section

Division of Corpo	orations			
NAME OF CORPOR	RATION: PA MS	Auto Sale of Fort Hyers Comp +8892		
DOCUMENT NUME	BER: Y 160000	38892		
The enclosed Articles	of Amendment and fee a	re submitted for filing.		
Please return all corres	pondence concerning th	s matter to the following:		
	Edgar	Name of Contact Person		
•		Name of Contact Person		
		Firm! Commons		
	3340	PAlm Beach Blvd		
	Foot	PAIM Beach Blv d Address Hyens FL 33914 City/ State and Zip Code		
		City/ State and Zip Code		
	PAlubea	chsports a) value con		
	E-mail address: (to	be used for future annual report notification)		
For further information	n concerning this matter,	please call:		
Edgar	zdo Bermu	at (239) 849 - 7980 Area Code & Daytime Telephone Number		
Name o	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	r the following amount n	nade payable to the Florida Department of State:		
\$35 Filing Fee	□\$43.75 Filing Fee Certificate of Sta			
<u>Mai</u>	Street Address Amendment Section			
	endment Section sion of Corporations	Amenament Section Division of Corporations		
P.O.	Box 6327	Clifton Building		
Talla	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment

to

, .	Articles of Incorpo	oration	IT AFR ZO	AL: IO: Z:I
Palms Auto Sale	of For	t Hyen	Conp =	resident of the second of the
(Name of Corporati	ion as currently file	d with the F	lorida Dept, of Sta	<u>te</u>)
P16000	288 6 00			
	ment Number of Cor	poration (if k	nown)	
arsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this Flore	ida Profit Coi	rporation adopts the	e following amendment(s)
. If amending name, enter the new name of the co	orporation:			
				The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o," "Inc," or "Co".	A professio	or "incorporated" nal corporation na	or the abbreviation
Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD				
Tincipul office unuress MUSI BE A STREET ADD	<u> </u>		1/K	
			41	
Futon new mailing address if applicable.				
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>) _			
	#			
If amending the registered agent and/or register new registered agent and/or the new registered		n Florida, en	ter the name of the	<u> </u>
Name of New Registered Agent				
Name of New Registered Agent		/X		•
	(Florida street ad	uress)		
New Basistanad Office Adduses	·	ŕ	Elowida	
New Registered Office Address:	(City))	, Florida	(Zip Code)
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	zistered Agent:	and accent the	obligations of the	novition
ы олу всеерь та ырустыный из геділегей идет.	· an jamua wind	XX	ovugunons of the f	zoantum.
	W	1		
Sign	nature of New Regist	ered 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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	6	Luis Bernudez	3340 Palm Beach Blod
Add			Foot Hyer, FL 33914
Remove			
2) Change	P	Edgando Bernudez	3340 Palm Beach Blud Fort Hyers, FC 3391
Add			tout Hyens, FC 3391
Remove			-
3) Change	 .		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

				al_Articles, (Be		e(s) here:				
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provisio	ons for it	mplen		<u>ie amendme</u>		tion, or cancella Itained in the an			<u>es,</u>	
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The date of each amendment(s) ado date this document was signed.	ption:	4 22 2017	, if other than the
Effective date if applicable:	(no more than 90 d	22 2017 lays after amendment file da	ie)
Note: If the date inserted in this blo document's effective date on the Depart	ck does not meet the applicab		
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		umber of votes cast for the a	mendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea			
"The number of votes cast fo	r the amendment(s) was/were s	ufficient for approval	
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
☐ The amendment(s) was/were adopt action was not required.		,	shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators withou	t shareholder action and sha	reholder
Dated	1/22/2014		
Signature	Capro De	ander)	
selected,	ctor. President or other officer by an incorporator — if in the ha I fiduciary by that fiduciary)		
_	Edgardo	Bernudez	·
	(Typed or printed name	ne of person signing)	Presiden Dune.
_	(Title of p	person signing)	THE STATE OF THE PERSON