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(Re	questor's Name)	
-	dress)	
." (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Amend

NOV 10 2016 I ALBRITTON

COVER LETTER

NAME OF CORPORATION: Buy Lo Ayto Sales & Corp. DOCUMENT NUMBER: \$\frac{16000088767}{16000088767}\$ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shirley A. Malane Name of Contact Person Buy Lo Ayto Sales & Corp. Firm/ Company \$\int \text{Pim/ Company}\$ \$\int \text{Pim/ Company}\$ \$\int \text{Corp}\$ Spring Hill, \$\int \text{Corp}\$ City/ State and Zip Code \$\int \text{Smalore 45 @ Hampa bay. 11. Corp.}\$ E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shipley A. Malane Name of Contact Person Buy Lo Auto Sales & Corp. Firm/Company P. D. Box 6853 Address Sprins Hill, Fl 3461/ City/ State and Zip Code Smalone 45 @ tampa bay. rr. com E-mail address: (to be used for future annual report notification)
Please return all correspondence concerning this matter to the following: Shirley A. Malane Name of Contact Person Buy Lo Auto Sales & Corp. Firm/ Company P. O. Box 6853 Address Spring Hill, Fl 3461/ City/ State and Zip Code Smalone 45 @ tampabay. rr. com E-mail address: (to be used for future annual report notification)
Shirley A. Malane Name of Contact Person Buy Lo Auto Sales & Corp. Firm/ Company P. O. BOX 6853 Address Spring Hill, Fl 3461/ City/ State and Zip Code Smalone 45 @ fampa bay. 11. Com E-mail address: (to be used for future annual report notification)
Buy Lo Auto Sales & Corp. Firm/ Company P. O. Box 6853 Address Spring Hill, Fl 3461/ City/ State and Zip Code Smalore 45 @ tampabay. 11. Com E-mail address: (to be used for future annual report notification)
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For further information concerning this matter, please call:
CI 1 1 200 1
Shirley A. MAIDRE at (352) 587 1331
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

to

Articles of Incorporation of			
BUY LO AUTO SALES & CORP.	·		
(Name of Corporation as currently filed with the Florid	la Dept. of State)		
P16000088767	•		
(Document Number of Corporation (if known	n)	-	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> its Articles of Incorporation:	ation adopts the following	3 amendm	ient(s)
A. If amending name, enter the new name of the corporation:			
		The nev	w
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALL A	2016 7:0	
(Mulling dauress MAT BE A POST OFFICE BOX)	2000 (000) (000) (000) (000)	9	
D. If amending the registered agent and/or registered office address in Florida, enternew registered agent and/or the new registered office address:	the name of the	9: 08	
Name of New Registered Agent			
(Florida street address)	 	•	
New Registered Office Address: (City)	, Florida(Zip C	Toda)	
(City)	(Zip C	,ouej	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obtaining the second seco	ligations of the position.		

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
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)
(Attach additional sheets, if necessary). (Be specific) Articles Enten (President/Owner)
Shirle A. MALONE
6530 LAND O'LAKES Blud
LAND CAKES FI 341838
GANA O CAILES, 11 39 U 2 D
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)
(y not applicable, malcule IVA)

the date of each amendment(s) adoption:	inan 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 will not be liste document's effective date on the Department of State's records.	d as th
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)	
(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 NOV - 8, 2016 Signature Shely a Malone	
Shelia a Malena	
(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)	
Shirley A. MAlone	
(Typed or printed name of person signing)	
Shirley A. Malone (Typed or printed name of person signing) Owner / President (Title of person signing)	
(Title of person signing)	