P17000000987

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PARTS 4 SALES	CORP				
DOCUMENT NUMBER: P17000000987					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	itter to the following:				
ALOINA ABRAHAM DIAZ					
***************************************	Name of Contact Person	11			
And the state of t	Firm/ Company	Application of the control of the co			
721 SE 8 ST		,			
	Address				
HIALEAH ,FL ,33010					
E-mail address: (to be us	City/ State and Zip Cod				
For further information concerning this matter, pleas	se call:				
ALOINA ABRAHAM DIAZ	786 at (474-5982			
Name of Contact Person	at (786) 474-5982 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Depa	irtment of State;			
\$35 Filing Fee \$\times \text{Certificate of Status}\$	Cl\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PARTS 4 SALES CORP
(Name of Corporation as currently filed with the Florida Dept. of State)
P17000000987
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the 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: (Muiling address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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	PT .	John Doc		
X Remove	Y I	Mike Jones		
X Add	<u>sv</u> s	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	VP 	JAZMIN C GALBAN	1121 SW 105 AVE APT 302	
Add			MIAMI FL 33174	
X Remove				
2) Change	VP	NELSA MARIA DIAZ GILART	721 SE 8 ST	
X Add			HIALEAH FL 33010	
Remove				
3)Change		•		
Add			Not have because an analysis of the second s	
Remove			Control of the Contro	
4) Change		No control to the tip the tip to		
Add				
Remove			***************************************	
5) Change	Name hard Name copyright in 1 and			
Add				
Remove				

6) Change	-a waanaanaa-aa	Marridia student indestruktistade processor (politikolik proprince studenty a propositivante superdicipate studenty stu	CITY I WE WE CONTRIBUTE OF THE	
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dement if not contained in the amendment itself:
, <u>, , , , , , , , , , , , , , , , , , </u>	

The date of each amendment(s) date this document was signed.) adoption:	, if other than the
=	5/12/2017	•
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	nent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the hoard of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
05/12/20 Dated	17	
Signature	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator - if in the hands of a receiver, trustee, or other cou	
appo	sinted fiduciary by that fiduciary)	
	ALOINA ABRAHAM DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	