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Morand

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MULTI TECH AU	TO CENTER CORP			
DOCUMENT NUMI					
	of Amendment and fee are su	abmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	GILVAM F DOS SANTOS				
		Name of Contact Person	1		
	GFS TAX & ACCOUNTING	S SERVICES			
		Firm/ Company			
	2001 W CYPRESS CREEK	RD STE 102B			
		Address			
	FT LAUDERDALE FL 3330				
		City/ State and Zip Cod			
		City/ state and Zip Cod	G		
GIL@	GFSTAXACCT.COM				
 32	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
GILVAM F DOS SAI	NTOS	at (⁹⁵⁴	9408322		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ling Address		Address		
	endment Section	Amendment Section			
	sion of Corporations Box 6327		Division of Corporations Clifton Building		
	ahassee, FL 32314		xecutive Center Circle		
	•	Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

MULTI TECH AUTO CENTER CORP

(Name	of Corporation as currently	filed with the Florida De	pt. of State)	
P17000015345				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following ame	ndment(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpo	porated" or the abbrevi	
B. Enter new principal office address,				
(Principal office address MUST BE A S	TREET ADDRESS)		7.7.	هــــ. اخت
			7 32	丟
	,			= 11
C. Enter new mailing address, if appli	lcable:		10 m	ا ص
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
			<u> </u>	
				~
D. If amending the registered agent are new registered agent and/or the new registered agent are new registered agent and new registered agent agent agent are new registered agent agen		ss in Florida, enter the na	ime of the	
	EDUARDO GOMES			
Name of New Registered Agent	1134 SW 44TH WAY			
	(Florida stree	address)	 	
	DEERFIELD BCH	· Castle Castle	33064	
New Registered Office Address:		City)	_, Florida 33004 (Zip Code)	
	,•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Lip cono)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent. I am familiar wi	th and accept the obligatio	ons of the position.	
	Auras (- mus		
	Signature of New Res	gistered 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 J	ohn Doc	
X Remove	<u>v</u> <u>h</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
I) Change	P	RONALD HOWARD	840 SW 55TH TER
Add			MARGATE FL 33068
X Remove			
2) Change	VP	JOSE ANTONIO SALES	744 RICH DR APT 208
X Add			DEERFIELD BCH FL 33441
Remove			
3) X Change	P	EDUARDO GOMES	1134 SW 44TH WAY
Add			DEERFIELD BCH FL 33064
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u></u>	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re specific)	e(s) nere:				
A	(De specific)					
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<u>-</u>						
		 				
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If an amendment provides for an exch	ange reclassifica	tion, or cance	llation of issu	ed shares		
provisions for implementing the ame	ndment if not con	tained in the	mendment i	self:		
(if not applicable, indicate N/A)						
A						
			 			
				<u>. — — — — — — — — — — — — — — — — — — —</u>		
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the ame ficient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and sh	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareh	old er
OCTOBER Dated	03, 2017	
Signature		
selected	rector, president or other officer – if directors or officers have r , by an incorporator – if in the hands of a receiver, trustee, or o ed fiduciary by that fiduciary)	
1	EDUARDO GOMES	
•	(Typed or printed name of person signipg)	
٠	VP Solupide & Som	<u> </u>
	(Title of person signing)	

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