## P1700019409

(	(Requestor's Name)
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	(City/State/Zip/Phone #)
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SECRETARY OF CITALLAHASSET AT CITAL





## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: FAST IFE AVTO GROUP INC DOCUMENT NUMBER: P17000019409
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  FAST UFE AUTO GROUP INC  Firm' Company  1949 NE 148TH ST  Address  NORTH MIAMI FL 33181  City/ State and Zip Code  MFO @ FAST I Feart O. MIAMI  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1900 Meja at (305) 216-6680  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  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

FILED

Fasilife Auto	GIOUP I	0022 AUG 22	AM 10: 49
(Name of Corporation as currently file	160	JALLAHASSE	DE STATE El Feri
(Document Number of Co	10		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation ad	opts the following amending	ent(s) to
A. If amending name, enter the new name of the corporation:			
		The nev	
name must be distinguishable and contain the word "corporation," "com, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A prochartered," "professional association," or the abbreviation "P.A."	oany," or "incorporated" ofessional corporation no	or the abbreviation "Corp.," ume must contain the word	1
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )			
-			
-		<u> </u>	
C. Enternew mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address	in Florida, enter the na	me of the	
new registered agent and/or the new registered office address:	/	<del></del>	
Name of New Registered Agent			
) —			
(Florida street	address)		
New Registered Office Address:		_, Florida	
New Registered Office Address.	itv)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligatio	ns of the position.	
Signature of New Reg	istered Agent, if changing		•

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Execusive 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 John [	<u>)oe</u>	
X Remove	V Mike .	lones	
<u>X</u> Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>UEO</u>	HEMIN HIDAIGO	1949 NE 148TH ST North Miami, FL 3318
Add Remove			<u></u>
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

mending or adding additional Article ach additional sheets, if necessary).	<u>:s, enter change(s) nere</u> : (Be specific)
	•
	/
	/
	/
h.	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	/
	<i>}</i>

Effective date if applicable:	
<del></del>	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
<ul> <li>The amendment(s) was/were adopty the shareholders was/were sufficient</li> </ul>	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)
DatedO}	6000 Mej 16  irector, president or other officer - it directors or officers have not been the property of in the hands of a receiver trustee, or other court
Signature	60000 Mej16
serecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)
	Tenacio Mejia (Typed or printed name of person signing)
	^
	lesioent
	(Title of person signing)