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COVER LETTER

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TO: Amer Divis		ection rporations			SE 2 1 22
NAME O	F CORP	ORATION: TAP AUTO SALE	ES, INC		
		P17000022040			
		es of Amendment and fee are su			
Please retu	ırn all cor	respondence concerning this ma	tter to the following:		
		TOMAS PIMENTEL			
			Name of Contact Persor	1	
		TAP AUTO SALES, INC			
			Firm/ Company		
	7. 5.	9793 S ORANGE BLOSSO			
	<u></u>		Address		
RECEIVEN	<u> </u>	ORLANDO, FL 32837			
E.J	2				
	C.EL	ICLADETAX@HOTMAIL.CO			
~	19 S102	E-mail address: (to be us			
For further	r informat	ion concerning this matter, pleas	se call:		
ELIZABE	ETH GON	ZALEZ	401 at (640-6065	
	Nam	e of Contact Person		de & Daytime Telephone Number	
Enclosed i	s a check	for the following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Fi	iling Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	A D P,	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation

TAP AUTO SALES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000022040		ر این
(Documen	t Number of Corporation (if known)	R. C.
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the	following amendme
A. If amending name, enter the new name of the corp-	oration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"Inc," or "Co". A professional corporation nar	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
C P		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. 16 2: 4b	off- address in Florida and above and above	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		nesition
ricrety decept the appointment as registered agent. The	m jammar with and decept the bengations of the p	103111071.

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	BRENDA RAMOS	2725 MATERA DR
Add			ST. CLOUD, FL 34771
X Remove			
2) Change	P	TOMAS PIMENTEL	2725 MATERA DR
X Add			ST. CLOUD, FL. 34771
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change			<u> </u>
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
	<u> </u>
-	
<u></u>	
- .	
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	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
()	
 -	
	.

The date of each amendment(s) adoption:date this document was signed.	, if other than 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 document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amending the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
Dated 8/15/19	
Signature(By a director, president or other officer – if directors or officers have r	vat kaan
selected, by an incorporator – if in the hands of a receiver, trustee, or o	
appointed fiduciary by that fiduciary)	mer court
Tomas Piment	
Tomas Pinestel (Typed of printed name of person signing)	
Goodest	
(Title of person signing)	
A THE STATE OF THE	