Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000003981 3)))



H220000039813ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

uture • - 822 JAN - 7 PM 3: 33

COR AMND/RESTATE/CORRECT OR O/D RESIGN 305 MINIAUTO CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

JAN 1 0 2022 S. PRATHER 3052201440

PAGE 02/05

Articles of Amendment to Articles of Incorporation	AH 10: 45
of 305 MINIAUTO CORP	Į.
(Name of Corporation as currently filed with the Florida Dept. of Sta	ta)
P17000026232	(e)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	e following amendment(s
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 a "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name mu "chartered," "professional association," or the abbreviation "P.A."	bbreviation "Corp."
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)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of th	
new registered agent and/or the new registered office address:	<u>c</u>
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: Florida	a
(City)	(Zip Code)
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 particles.	position.
Signature of New Registered Agent, if changing	
2	

_Remove

3052201440

address of each Officer and/or Director being added:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

(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 = Cuairman 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. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Iones 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 Doc X Remove V Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) 1) ____ Change ROSA MARIA MERCADO GARCIA 13720 SW 143 CT # 105 __ Add MIAMI, FL 33186 Remove PT ANTONIO L. ARROCHA 2) ____ Change 12641 SW 143 LN Х Add MIAMI, FL 33186 Remove 3) ____ Change 13720 SW 143rd CT STE 105 MNGR BRAULIO CABRERA MIAMI, FL 33186 __ Add Remove 4) ____ Change ROSA MARIA MERCADO GARCIA 13720 SW 145 CT # 105 Х Add MIAMI, FL 33186 __ Remove-5) ____ Change _____ Add ____ Remove 6) ____ Change Add

01/08/2022	17:01	3052201440	LAZARUS CORPORATE	PAGE	04/05
			e		
-		dding additional Article sheets, if necessary). (1	de specific)		
CHANG	E PRESIDE	NT AND VIC-PRESIDE	NT		
		······································		· -	-
					_
, -		·			_
	<u> </u>				-
·					-
		· · · · · · · · · · · · · · · · · · ·			
					
					
					
	-				
F Kana-					
provisi (if	ons for imp not applicab	rovides for an exchange, lementing the amendment le, indicute N/A)	reclussification, or cancellation of issued shares, nt if not contained in the amendment itself:		
					
	 				
	·				
·					
-					
	· 				

· · · · · · · · · · · · · · · · · · ·	e .	
		<u> </u>
The date of each amendment(s) adoptions date this document was signed.	JANUARY 04, 2022	, 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 doe document's effective date on the Department	and make a consistency of the co	ale will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
	the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes east for the amendment(sor approval.	s)
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The following statements group entitled to vote separately on the amendment(s):	ni
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	t i se sometent tot approval	7ALL 28
(v	roting group)	PIL 2022 JAN -7 SLUNCIAKY KLLAHASSE
JANUARY 04, 2021 Dated		N-7
Signature	Haw Avolo	AM 10: 45 EF STATE EF FLORIDA
, 07 417 171	corporator - if in the hands of a receiver, trustee, or other court ry by that fiduciary)): 45 ATE RIDA
	O L ARROCHA	
-	(Typed or printed name of person signing)	
PRESIDE	ит	
	(Title of person signing)	