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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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C. GOLDEN NOV 1.9 2020

COVER LETTER

Division of Corporations NAME OF CORPORATION: J A Enterprise Auto Sales Inc 17000026325 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John Fils Name of Contact Person JA Enterprise Auto Sales Inc Firm/ Company 13215 NE 6 AVE APT, 307 Address Miami fl. 33161 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 956 8188

Area Code & Daytime Telephone Number John Fils Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment fo Articles of Incorporation \mathbf{of}

J A Enterprise Auto Sales Inc

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| | | | _ | 1 1/ |

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

| P1700002 | 10.5.25 |
|--|---|
| (Document Nu | imber of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statute is Articles of Incorporation: | es, this Florida Profit Corporation adopts the following amendmen |
| A. If amending name, enter the new name of the corporat | tion: |
| | 77 |
| | The new ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A." |
| 3. Enter new principal office address, if applicable: | |
| Principal office address <u>MUST BE A STREET ADDRESS</u> |) |
| | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
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| | |
|). If amending the registered agent and/or registered offic | ce address in Florida, enter the name of the |
| new registered agent and/or the new registered office a | |
| None of None Dominion of Court | |
| Name of New Registered Agent | |
| | |
| (Flo | orida street address) |
| New Registered Office Address: | Florida |
| | (Zip Code) |
| | |
| | |
| lew Registered Agent's Signature, if changing Registered | Agent: |
| hereby accept the appointment as registered agent. I am far | miliar with and accept the obligations of the position. |
| | |
| | |
| | |
| Signature of | New Registered Agent, if changing |
| lheck if applicable | |
| .ncck ii addiicadic | |

Check it 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)

Example:

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 | <u>PT</u> | <u>John D</u> u | <u>oe</u> | |
|-------------------------------|--------------|-----------------|--------------|------------------|
| X Remove | <u>V</u> | Mike Jo | o <u>nes</u> | |
| X Add | <u>SV</u> | Sally Si | <u>mith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | V | | DANNY ISOPHE | 520 NE 155 TERR. |
| Add | | | | MIAMI FL 33162 |
| X Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| If amending or adding additional A Attach additional sheets, if necessary | e). (Be specific) | | | | |
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| If an amendment provides for an e | vehange, reclassific | ation, or cancella | tion of issued sha | res, | |
| provisions for implementing the a (if not applicable, indicate N/A) | mendment if not co | ntained in the an | nendment itself: | | |
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| 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 amer | idment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records. | ing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors action was not required. | without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval. | cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately o | |
| "The number of votes east for the amendment(s) was/were sufficient for a | pproval |
| by | |
| Dated $(voting group)$ Signature $(voting group)$ | |
| (By a director president or other officer – if directors a selected, by an incorporator – if in the hands of a recei appointed fiduciary by that fiduciary) | |
| JOHN FILS | |
| (Typed or printed name of person si | gning) |
| PRESIDENT | |

(Title of person signing)