## P17000032352

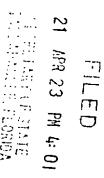
(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lightnia	y Auto +rc	insport corp.
DOCUMENT NUMBER: P17000	`	·
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Yenier Espi	Name of Contact Person	
Lightning A	1+0 +vanspa Firm/Company	or (orp
6780 W 11th	Address	
Hialeah, F	City/ State and Zip Code	
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Venier Espinosa Name of Contact Person	at ( Tele Area Coo	) 580 0328 de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times \text{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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to
Articles of Incorporation

of	<i>i /</i>
Lightning auto Tr	(filed with the Florida Dept. of State)
PITOSOCI 2226	Thet with the Fiorida Dept. of Star.
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c"." or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, " or "incorporated" or the abbreviation "Corp., " professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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 addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address	2
Name of New Registered Agent	N
(Florida str	vet address)
New Registered Office Address:	Florida
	(City) (Zip Gode)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar v	is with and accept the obligations of the position.
Signature of New R.	egistered Agent, if changing
g ,	
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 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>	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>		Address
1) Change	VP	trma	Dimas	10780 W 11th CT Michean Fl 33012
Add				Hickory, FC 33012
X Remove				<del></del>
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	additional sheets, if necessary). (Be specific)	
<del></del>		
		- Indiana - Indi
_		
l an an	nendment provides for an exchange, reclassification ions for implementing the amendment if not contains.	n, or cancellation of issued shares,
(if	not applicable, indicate N/A)	med in the amendment usen.
1./		

•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $\frac{4002}{}$	
(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, this document's effective date on the Department of State's records.	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 without shareholder action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ıt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by <u>lenier Espinosa</u> ."  (voting group)	
Dated_ 4/09/21	
Signature Signature	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	