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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

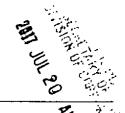
Division of Corporations NAME OF CORPORATION: Pinar Auto Sales,inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GEANNE HERNANDEZ PINERO Name of Contact Person PINAR AUTO SALES, INC Firm/ Company 3156 NW 132ND TERR Address OPA LOCKA FL 33053 City/ State and Zip Code geanneprin@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: geanne hernandez pinero Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

## Articles of Incorporation



Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C			
word "chartered," "professional association," or	the abbreviation "P.A."		
3. Enter new principal office address, if applications of the principal office address MUST BE A STREET A		·	
	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
). If amending the registered agent and/or regi	istered office address in Florida es	nter the name of the	
). If amending the registered agent and/or reginew registered agent and/or the new register		nter the name of the	
new registered agent and/or the new register	red office address:		
new registered agent and/or the new register	red office address:		
new registered agent and/or the new register	red office address:  (Florida street address)		
Name of New Registered Agent	red office address:  (Florida street address)		(Zip Code)
Name of New Registered Agent	red office address:  (Florida street address)		(Zip Code)
Name of New Registered Agent	red office address:  (Florida street address)  (City)  Registered Agent:	Florida	· · · ·

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					
<u>X</u> Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) Change	P	GEANNE HERNANDEZ	2083 NW 141 ST				
Add			OPA LOCKA FL 33054				
Remove							
2) Change	P	GEANNE HERNANDEZ PINERO	2083 NW 141 ST				
Add			OPA LOCKA FL 33054				
Remove							
3) Change		<del>-</del>					
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

Auacii aaaiii0na	d sheets, if necessary).	(Be specific)				
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<u>f an amendmen</u> provisions for i	t provides for an exch mplementing the ame	ange, reclassifica	tion, or cancellat	tion of issued share	res.	
	icable, indicate N/A)		itanie in the ath	chament haven.		
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The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :  (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.	ate 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 amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
7/17/2017 Dated Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
<u>Gehhhe Henhandez Pi</u> (Typed or printed name of person signing)	nend
President	
(Title of person signing)	