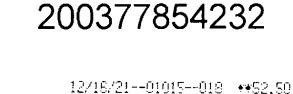
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MANHOTTHN AY TO SITE E)				
OCUMENT NUMBER: P 170 000 41366				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Juan Carlos Miranda Ferrer				
Name of Confact (Cison				
Manhattan Auto Sales INC				
5049 Bayline DR Address				
North Fort Myers FL 33917				
City/ State and Zip Code				
Manhattan aut-Sales I Ogmail. com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Juan Carlos Miranda at (239) 355-7355  Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Set 1.75 Filing Fee & Set 2.75 Filing Fee & Set 2.50 Filing Fee & Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee & Set 2.50 Filing Fee & Certificate of Status (Additional copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, F1, 323142415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED
2021 DEC 16 AMIL: 31

MANHATTAN	AUTO SALLS	Tuc.	SECOND.	क्षा II: 39
(Name of C	Orporation as currently	filed with the Florid	a Doni of State (Y)	F <sub>i</sub> S tur
P170 000 413	66		- armnoutt.	! { · ·
	(Document Number of	Corporation (if knows	1)	CD.
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>F</i>	lorida Profit Corpora	tion adopts the following	ng amendment(s) to
A. If amending name, enter the new name	of the corporation:			
				The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp" chartered," "professional association," or	o," "Inc," or "Co". A	ompany," or "incorpo professional corpora	rated" or the abbreviati ition name must conta	on "Corp.,"
B. Enter new principal office address, if a (Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicab (Mailing address MAY BE, A POST OF)  D. If amending the registered agent and/onew registered agent and/or the new re	<u>FICE BOX</u> ) <u>r registered office addre</u>	ess in Florida, enter t	he name of the	
		a da a		
Name of New Registered Agent  New Registered Office Address:	SUAN CARLOS 50 99 BAJL (Florida stree SAMY	DK N F5 A	Florida (Zip	- i/¬
_ <del></del>	(6	City)	(Zip	Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	d agent. I am familiar w	ith and accept the obli		_

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.

Example: X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
X Add	<u>SV Sally</u>	/ Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<del></del>		
Add	pres	DAVID PENSALIO	5099 BAJE DA
2) Change		T 1 1 100 1	NFT Mf F233517
_\_Add	PRZI	Juan Carlos Miranda Ferrer	18 mju 12 33517
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	r adding additional Ar nal sheets, if necessary)	. (Be specific)			
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			-		
	ent provides for an exc	<u>change, reclassifi</u>	cation, or cancellat	ion of issued share:	<u>.</u>
f an amendm	implementing the air	ienament ii not c	ontained in the am	enament itsett:	
provisions for	alicable indicate N/A) -				
provisions for	olicable, indicate N/A)				
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provisions for	olicable, indicate N/A)				

The date of each amendment(s) adoption: $\frac{2}{4}$ date this document was signed.	, if other than the
Effective date if applicable: /2//4/2/ Ofo more than 90 days after amendment file dates	
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.	s 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 a action was not required.	action and shareholder
☐ 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.	ent(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):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by MANITHATIAN AMID SALET Zu - " (voting group)	
Dated /2//4/2/	
Signature  (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	en Ourt
(Typed or printed name of person signing)	
(Typed or printed name of person signing)  ———————————————————————————————————	
(Title of person signing)	