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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Castro Auto S	ales, Inc	
DOCUMENT NUMBER: P17000049567		
The enclosed Articles of Amendment and fee an	re submitted for filing.	
	s matter to the following:	
Kari Luz Castro Vazque	z	
	Name of Contact Person	
	Firm/ Company	
8050 SW 145th Street		
Dunnellon, FL 34432	Address	<u> </u>
	City/ State and Zip Code	
kamyliz@yahoo.com		
E-mail address: (to)	be used for future annual report i	notification)
For further information concerning this matter,	please call:	
Kari Luz Castro	at (407	300-6791
Name of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for the following amount m	 ade payable to the Florida Depar 	rtment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		□\$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	Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, F1, 32301

Articles of Amendment to Articles of Incorporation of

CASTRO AUTO SALES, INC

CASTRO AUTO SALES, INC			
(Name of C	orporation as currently filed with the Florida Dept. of State)		
\			
P1700049567			
	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	[6] Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following the follo	lowing amendm	ent(s) to
A. If amending name, enter the new name	of the corporation:		
		The nev	
	the word "corporation," "company," or "incorporated" or in "Corp," "Inc," or "Co". A professional corporation name of or the abbreviation "P.A."	the abbreviatio	n
B. Enter new principal office address, if a	 naticable:		
(Principal office address MUST BE A STR			
			
		<u> </u>	
C. Enter new mailing address, if applicat	 		
(Mailing address MAY BE A POST OF		S - S	77
(maning address Marin Doller Doller)			
		कुर्ज 🔾 🗀	i
		70	\Box
			_
D. If amending the registered agent and/o	r registered office address in Florida, enter the name of the		\mathcal{C}
new registered agent and/or the new re		mar i	
		ess .	
Name of New Registered Agent		**	
_	(Florida street address)		
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	
	l l		
New Registered Agent's Signature, if chan	ging Registered Agent:		
I hereby accept the appointment as registere	d agent. I am familiar with and accept the obligations of the posi-	tion.	
	Signature of New Registered Agent, if changing	 _	

(Attach additional shee		first latter of the office title:	
P = President: V ⇒ Vic.	uirector title ny the o Prosident: T= Tr	first letter of the office title: pasturer: S= Secretary: D= Director: TR=	= Trustee; C = Chairman or Clerk; CEO = Chief
			re than one title, list the first letter of each office
held. President, Treasu			
			he PST and Mike Jones is listed as the V. There is
			ese should be noted as John Doe, PT as a Change,
Mike Jones, V as Remo	ve, and Sally Smith	, SV as an Add.	
Example:			
X Change	PT John 1	Doc	
X Remove	V Mike.	<u>iones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PRES	PEDRO CASTRO PERAZA	8050 SW 145TH STREET
Add			DUNNELLON, FL 34432
Remove			7-8-1
2) X Change	SECRET	KARI LUZ CASTRO VAZQUEZ	8050 SW 145TH STREET
Add			DUNNELLON FL 34432
Remove			
3) X Change	TES	WEYSHLAN N CASTRO	1664 VISTAGE STREET
Add			KISSIMMEE FL 34746
Remove			
4) Change			
Add			
Remove			
5) (%			
5) Change Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

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:

 $(Attach\ additional\ sheets,\ if\ necessary)$

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
(Mach daamonal sneets, y necessary).	
	11
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. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment it not contained in the amendment itself:
(y nor appreume, marcine way)	
· · · · · · · · · · · · · · · · · · ·	
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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 amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s)	HECK ONE)
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s)
	the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes east for the arr	 endment(s) was/were sufficient for approval
by	oting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
8/25/2017 Dated	
Signature Palu	Coste Paroza
selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court
	ry by that fiduciary) LASTRO PERAZA
 	Typed or printed name of person signing)
PRESIDE	ENT
	(Title of person signing)
	Γ