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Florida Department of State Division of Corporations

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| | To: | | | |
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| | | Division of Co | porations | : = |
| | | Pax Number | : (850)617~6380 | 2020 21: |
| | From: | | | · <u></u> |
| | 1 | Account Name | : DEALER CONSULTING SERVICES, INC. | · |
| | | Account Number | : 120010000121 | <u>.</u> |
| | | Phone | : (305)758-9001 | |
| | | Fax Number | : (786)410-6035 | ס |
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|) i | | | this business entity to be used for Enter only one email address please | |
| ·) | Email A | ddress: | | |
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| : <u>-</u> , ' | | | | |

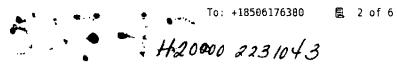
COR AMND/RESTATE/CORRECT OR O/D RESIGN AMARO AUTO SALES INC.

| Certificate of Status | 0 |
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Help

TO: Amendment Section

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COVER LETTER

| Division of Corporations | | | | | | | |
|---|---|--|--|--|--|--|--|
| NAME OF CORPORATION: EXPR | RESS AUTO REPAIR INC | | | | | | |
| DOCUMENT NUMBER: P17000051742 | | | | | | | |
| The enclosed Articles of Amendment a | nd fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | |
| BIBI HURTADO | | | | | | | |
| | Name of Contact Person | | | | | | |
| DEALER CONS | ULTING SERVICES, INC. | | | | | | |
| | Firm/ Company | | | | | | |
| 7537 NW 7 AVE | ENUE | | | | | | |
| · | Address | | | | | | |
| MIAMI, FLORI | DA 33150 | | | | | | |
| | City/ State and Zip Code | | | | | | |
| CORPORATION | NS@DCS-NETWORK.COM | | | | | | |
| E-mail addr | ess: (to be used for future annual report notification) | | | | | | |
| For further information concerning this | matter, please call: | | | | | | |
| BIBI HURTADO | at (305) 758-9001 | | | | | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | | | | | |
| Enclosed is a check for the following as | nount made payable to the Florida Department of State: | | | | | | |
| \$35 Filing Fee | ling Fee & S43.75 Filing Fee & S52.50 Filing Fee c of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) | | | | | | |
| Mailing Address | Street Address | | | | | | |
| Amendment Section | Amendment Section | | | | | | |
| Division of Corporati P.O. Box 6327 | | | | | | | |
| P.O. Box 6327 Tallahassee, FL 3231 | The Centre of Tallahassee 4 2415 N. Monroe Street, Suite 810 | | | | | | |
| i mimmosee, i & J&J i | . 2415 14. Monioc Succe, Suite 610 | | | | | | |

Tallahassee, FL 32303

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To: +18506176380

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Articles of Amendment to Articles of Incorporation of

| EXPRESS AUTO REPAIR INC. | | | | | |
|--|---|--|--------------------|------------------|--|
| (Name | of Corporation as curren | itly filed with the Florida Dent, of S | tate) | | |
| P17000051742 | | | | | |
| | (Document Number | of Corporation (if known) | | | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, thi | s Florida Profit Corporation adopts t | he following amend | ment(s) t | |
| A. If amending name, enter the new n | ame of the corporation: | | | | |
| AMARO AUTO SALES, INC. | | | The n | new | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered." "professional association," | Corp," "Inc," or "Co". | A professional corporation name n | abbreviation "Corp |)., ^M | |
| B. Enter new principal office address. (Principal office address MUST BE A S | | · · · · · · · · · · · · · · · · · · · | | - (Đ | |
| | | | 2020 | | |
| C. Enter new mailing address, if apple | C. Enter new mailing address, if applicable: (Mailing address, MAY RE A POST OFFICE ROY) | | | | |
| (| ×LL.(X-A-A-X-) | <u> </u> | . w | | |
| | | | - 0 | | |
| | | | | - - | |
| D. If amending the registered agent an new registered agent and/or the ne | | | the S | | |
| Name of New Registered Agent | SONNY AMARO SAN | CHEZ | | | |
| | | | | | |
| | (Florida : | street address) | | | |
| New Registered Office Address: | | , Flori | ída | _ | |
| | | (City) | (Zip Code) | | |
| New Registered Agent's Signature, if a I hereby accept the appointment as registered to some supposed to some contract to the some supposed to some contract to the some supposed to some suppose | tered agent. I am familia v | | e position. | | |
| Check if applicable | | | | | |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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 | PI | John Do | ≥ | |
|-------------------------------|----------|----------------|---------------------|---------------------------------------|
| X Remove | <u>v</u> | Mike Jo | enes | |
| _X Add | <u> </u> | Sally St | nith | |
| Type of Action (Check One) | Title | | <u>Name</u> | Address |
| 1) XX Change | P | | SONNY AMARO SANCHEZ | 9605 NW 79TH AVENUE #19 |
| Add | | | | HIALEAH, FL 33016 |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | · · · · · · · · · · · · · · · · · · · |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| が)Change | | - . | | |
| Add | | • | | *** |
| Remove | | | | |

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| (Attach addition | r adding additional A nal sheets, if necessary |). (Be specific) | nge(s) nere: | | |
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| provisions for | ent provides for an ex r implementing the a plicable, indicate N/A) | mendment if not o | ication, or cancell contained in the ar | ation of issued shau nendment itself: | 15 5 |
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| The date of each amendment(s |) adoption: | , if other than t |
|--|--|--|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file dat | e) |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requireme Department of State's records. | nts, this date will not be listed as t |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were action was not required. | adopted by the incorporators, or board of directors without share | holder action and shareholder |
| ☐ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the are sufficient for approval. | nendment(s) |
| ☐ The amendment(s) was/were a must be separately provided j | approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendme | ing statement ent(s): |
| "The number of votes of | ast for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| 07-10-20 Dated | Courtinged by | |
| Signature | = onati | |
| selec | director, president or other officer - if directors or officers have ted, by an incorporator - if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary) | not been other court |
| | SONNY AMARO SANCHEZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | · |