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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

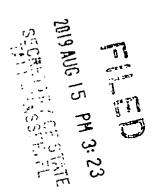
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Freed

#### **COVER LETTER**

TO: Amendment Section Division of Corporations Ramos Auto Consulting experts inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Pembroke Pines FL.33025 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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

#### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

### Articles of Amendment

## to Articles of Incorporation

of

Ramos Auto Consult	ting Experts inc
(Name of Corporation as current)	v filed with the Florida Dept. of State)
Oncument Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	•
A. If amending name, enter the new name of the corporation;	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or " word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	11730 SW 2nd Stapt 107 Pembroke Pines FL,33025
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BON</u> )	11730 Sw 2 and Stapt 107 Pembroke Pines FL. 33025
D. If amending the registered agent and/or registered office addraw registered agent and/or the new registered office address.  Name of New Registered Agent.	ress in Florida, enter the name of the
11730 Sw (Florida stre New Registered Office Address: PEMBroke)	0:00 32575 W
New Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar w	PHLS Florida 90009 (Zip Code)  with and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
V	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 Chic Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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:	ме, ини жиц та	a, 55 45 an 21aa.	
X.Change	<u>PT</u> <u>John</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PC_	Gladys Ramos	4701 Orange dr. #100
Add Remove			Davie FL, 33314
2) Change Add	PC	Jessenia Ramps	11730 SW 2nd Stapt 10 Pambrake Pines FL 3302
Remove			
3 ) Change Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change	····		
Add Remove			<del></del>

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
····	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: August 12, 2019 if other than it date this document was signed.
Effective date if applicable:  August 12 2019  too 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 date will not be listed as th document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"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 shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
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 court appointed fiduciary by that fiduciary)
1
Jessenia Kamos
(Typed or printed name of person signing)
President Chairman
(Title of person signing)