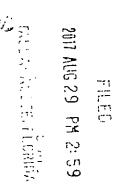
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Office Use Only



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C. GOLDEN SEP -1 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FDC AUTO SALE	S INC			
DOCUMENT NUMI	P17000056717				
The enclosed Articles	of Amendment and fee are su	binitted for filling.			
Please return all corre	spondence concerning this ma	tter to the following:			
	GONZALO FERNANDEZ E	DE CORDOVA			
	Name of Contact Person				
	Firm/ Company				
	14960-70 NW 22 AVE				
	Address				
	OPA LOCKA FL 33054				
		City/ State and Zip Cod	c		
JIME	NEZ7139@ATT.NET				
	-	sed for future annual report	notification)		
	n concerning this matter, pleas		470.5107		
GONZALO FERNANDEZ DE CORDOVA		at (			
Name of Contact Person Area Code & Daytime T			de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depo	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

## Articles of Amendment to Articles of Incorporation of

FILED

2017 AUS 29 PM 2: 59

FDC AUTO SALES INC			•		
( <u>Name</u> )	of Corporation as curren	tly filed with the Florida De	ept. of State) And L. E.E. F. ORIO		
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, thi	s Floridu Profit Corporation	adopts the following amendment(s)		
A. If amending name, enter the new n	ame of the corporation:				
			The new		
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpe	porated" or the abbreviation		
B. Enter new principal office address, if applicable:		14970 NW 22 AVE	14970 NW 22 AVE		
(Principal office address <u>MUST BE A S</u>		OPA LOCKA FL 3305	14		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14970 NW 22 AVE			
		OPA LOCKA FL 33054			
D. If amending the registered agent at			ame of the		
new registered agent and/or the ne		<u>ss:</u>			
Name of New Registered Agent	N/A				
		treet address)			
New Registered Office Address:	N/A		, Florida		
		(City)	(Zip Code)		
New Registered Agent's Signature, if o	changing Registered Agen	ıt:			
t hereby accept the appointment as regis			ons of the position.		
	Signature of New	Registered Agent, if changing	· · · · · · · · · · · · · · · · · · ·		

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		<del>-</del> -		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		<del></del> .	B1173	
Add				· 110
Remove				
5) Change		_		
Add				
Remove				
6) Chumus				
6) Change	· -	_		
Add				
Remove				

mach <i>additional sh</i>	reets, if necessary).	(Be specific)			
	1 10/1		•		
<del></del>				•	
_	<del>-</del>				
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			<del></del>		
			<del></del>	<del></del>	
					**
		* *			
an amendment p	rovides for an excha	ınge, reclassifica	tion, or cancellati	on of issued shar	es,
<u>provisions for imp</u>	lementing the amen	dment if not con	tained in the ame	ndment itself:	<del></del>
(ij not appticat	ole, indicate N/A)				
	<del></del>			· · · · ·	
					-

The date of each amendment(s	AUGOST 24,2017 adoption:	, if other than the
date this document was signed.	.UGOST 24,2017	
Effective date <u>if applicable</u> : _		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s sufficient for approval.	)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	r
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
DatedSignature	T 24,2017	
sele	a director, president or other officer — if directors or officers have not been cted, by an incorporator — if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	GONZALO FERNANDEZ DE CORDOVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del> </del>