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## **COVER LETTER**

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TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:Autom	ation Carrie	es, INC
DOCUMENT NUMBER: F1700	100 73801	
The enclosed Articles of Amendment and fee are sub-	omitted for filing.	
Please return all correspondence concerning this mat	_	
Maike	Name of Contact Person  HOW CARVIELS  Firm/ Company	
	Name of Contact Person	
Automan	hon CARZIERS	SINC
	Firm/ Company	
17933 01	DCHENEY H	w/
	Address d	/
Eylani	OO, FL 328. City/ State and Zip Code	20
	City/ State and Zip Code	
HJE AUTWAT E-mail address: (to be us	/ 70716APQIERS - G ed for future annual report noti	PDM (fication)
For further information concerning this matter, pleas	e calt:	
Marked Gonez	at ( <u>407</u> )	851-8772
Name of Contact Person	Area Code &	& Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Departm	ent of State:
□ \$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □ Certified Copy (Additional copy is enclosed)	l\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Ado	
Amendment Section Division of Corporations	Amendmer Division at	nt Section f Corporations
izivision or corporations	1515 (510)1 (7)	г Февропанона

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

## Articles of Incorporation

of	
Autonation CARRES, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P170000 73801	
(Document Number of Corporation (if known)	

A. If amending name, enter the new name of t				
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of the contains the cont	"Corp," "Inc," or "Co". A professi	or "incorporated" or the onal corporation name mu	The new abbreviation ist contain the	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		1/10		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	EE BOX)		in at	
			<u> </u>	
D. If amending the registered agent and/or renew registered agent and/or the new registered.		nter the name of the	JAN -8	150 mg
new registered agent and/or the new regist			<u> </u>	
Name of New Registered Agent				£.
	N/2		<u> </u>	
			28 3: 4/	· · · · · · · · · · · · · · · · · · ·
	D/2_ (Florida street address)		Sip Code)	

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.

X Change	<u>PT</u> <u>John</u>	<u>Doe</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>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>C</u> EO	PIMIENTORSCIO, ERDO	West Palm Beach
Add		·	WEST PAIN BEACH
X Remove		• .	FL 33406
2) Change	CED	MAIKE GOMEZ	4488 LOWER PARK RZ
Add			OrlandoFL
Remove	Ð	D 10:0	32814
3 ) Change		1 MIEUTO MECIO ERDEN	is 2560 Palura
Add Remove			West Palm BEART FL 33406
4) Change	P	Harkel Gomez	4488 LOWER PARK PD
✓ ∧dd	·		Orlando FC
Remove			32814
5) Change			
Add			
Remove			
6) Change			
Add			<del>.</del>
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
<del></del>
<del> </del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
SHARSE AS FORWING!
- Maikel Grows = 45
- EDDVIN Pinisuta Recio => 20
- CHRISTIAN JAUDINO RIVERS => 10
- Joel Cabrera = 5 - Dayami Canepos = 5
- Dayami Caneps 5
- THEODICE RREID = 10
- Dariau Estruez =D 5

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:/\5/18	
(no 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 wi document's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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/\S//8 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)	
Markel Gonez	
(Typed or printed name of person signing)	
CEO.	
(Title of person signing)	