P170000575003

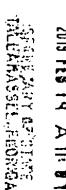
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THE SECTION

COVER LETTER

Division of Corporations NAME OF CORPORATION: A 1 Auto Inc. DOCUMENT NUMBER: <u>P170000 75003</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CUNTIS LEE BIATIEY
Name of Contact Person A 1 Auto Inc.
Firm/ Company 6301 CAUSEWAY Blue TAMMA F1. 33619
City/ State and Zip Code TECH_ I EMUSTINES & YM HOO, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CUNCH'S BAILEY at (813) 176-8644

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment

Articles of Incorporation of

A1 Auto Inc.	
(Name of Corporation as currently filed with the F	orida Dept. of State)
P17000075003	
(Document Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Con</i> its Articles of Incorporation:	poration adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A profession word "chartered," "professional association," or the abbreviation "P.A"	or "incorporated" or the abbreviation and corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
D. If amending the registered agent and/or registered office address in Florida, et new registered agent and/or the new registered office address: Name of New Registered Agent	nter the name of the
Name of New Registerea Agem	STIL.
(Florida street address)	
New Registered Office Address: (City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the	e obligations of the bosition
Signatura of Vine Registered Agent	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each officerded, 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 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	PT John	<u>Doe</u>			
X Remove	<u>V</u> <u>Mike Jones</u>				
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	PS	Stephen Lineberger	·		
Add					
X Remove					
2) Change	<u>P</u>	Curtio LEE BAILEY	<u> 2414 HEKINOSH DR</u> TIANIPA F.1. 33619		
X Add			11911/119 1 1. 53017		
Remove					
3) Change			· 		
Add					
Remove					
4) Change					
Add					
Remove					
51 Change					
Add					
Remove					
6) Change					
Add					
Ramova					

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
<u></u>	
·	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N A)	endment if not contained in the amendment itself:
	

The date of each amendment(s) adoption:date this document was signed.	, if other than
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	: will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statemer must be separately provided for each voting group entitled to vote separately on the amendment(s):	n
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 Lulis Sur Buily	
(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)	
(Typed or printed name of person signing)	
THES. (OWNER) (Title of person signing)	
(Title of person signing)	