P170000717091

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
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2023 FEB 28 PM 3: 0



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: VALID AUTOMO	TIVE GROUP INC	
	BER: P17000077091		
	s of Amendment and fee are su	binitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	ROBERT SOTO		
		Name of Contact Person	<u> </u>
	VALID AUTOMOTIVE GR	OUP INC	
		Firm/ Company	
	7670 NW 15TH ST		
		Address	
	PEMBROKE PINES, FL 330)24	
		City/ State and Zip Code	*
	RobertSoto79@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Robert Soto		at (954	790-9235
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check (or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Cortified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation \int_{γ}^{γ} of

FILED	O
2023 FEB 28 PM 3: 00	
28 PH 2. 2	_

VALID AUTOMOTIVE GROUP INC			LO 28 PM 2000	
(Name o	f Corporation as current	ly filed with the Horid:	i Dept, of State 02	
P17000077091		"MLLAH	ASSEE TO STATE	
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the following amendment(s) to	
A. If amending name, enter the new na	ime of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp, " "Inc," or "Co".	A professional corpora	rated" or the abbreviation "Corp.," tion name must contain the word	
B. Enter new principal office address, if applicable:		4700 SHERIDAN S	T.	
(Principal office address MUST BE A S		SUITE J		
		HOLLYWOOD, FL	. 33021	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7670 NW 15TH ST.		
		PEMBROKE PINES, FL 33024		
			··-	
D. If amending the registered agent an new registered agent and/or the nev			<u>he name of the</u>	
Name of New Registered Agent	ROBERT SOTO	_		
	(Florida s	treet address)		
New Registered Office Address	7670 NW 15TH ST. PEMBROKE PINES		, Florida 33024	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c				
t hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obli	gations of the position.	
	Signature at You	Registered Agent if char		

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.6120 (11) (e), F.S.

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)

Example:

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MIKE NARANJO	22 NORTH VALENCIA DR.
Add X Remove			DAVIE, FL 33324
2) Change	Р	ROBERT SOTO	7670 NW 15TH ST.
XAdd			PEMBROKE PINES, FL 33024
Remove 3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			1-1
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	De specific)			
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				-
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			•	
If an amendment provides for an exchai	ισε, reclassification.	or cancellation	of issued shares.	
provisions for implementing the amend	ment if not contain	ed in the amend	ment itself:	
(if not applicable, indicate N/A)				
- ,,				
			· · · · · · · · · · · · · · · · · · ·	
•				
				
	•			
				

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late this document was signed. 02/24/2023	
Effective date if applicable:	
(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 will not document's effective date on the Department of State's records.	ot be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shaction was not required.	nareholder
☐ 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 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)	
02/24/2023 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)	
ROBERT SOTO	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)