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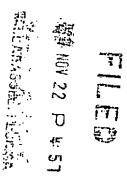
(Reque	estor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AUTOS VIP CCS	& ORLANDO CORP	
DOCUMENT NUME	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MILAGROS VILORIA		
		Name of Contact Person	1
	VILORIA ACCOUNTING A	AND IMMIGRATION SER	VICES LLC
	<u> </u>	Firm/ Company	
	2778 N UNIVERSITY DR	- : •	
	11.18.18.18.18.18.18.18.18.18.18.18.1	Address	
	SUNRISE FL 33322		
		City/ State and Zip Cod	e
VILO	RIAASERVICES@GMAIL.	СОМ	
	-	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
MILAGROS VILORI	A	954	3910812
Name o	of Contact Person	Area Co) 3910812 de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

AUTOS VIP CCS & ORLANDO CORP	tet nou on D to ST
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P17000087531	The second of th
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office new registered agent and/or the new registered office as 	
Name of New Registered Agent	
(Flo.	rida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
	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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARIA F RPDRIGUEZ	6717 BANNER LAKE CIRCLE
Add			APT 11206
X Remove			ORLANDO FL 32821
2) Change	VP	MARIA F RODRIGUEZ	6717 BANNER LAKE CIRCLE
X Add			APT 11206
Remove			ORLANDO FL 32821
3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
-		
		 -
		•
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(у погаррисион, такие гогу		
		.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
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 w document's effective date on the Department of State's records.	ill 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 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)	
(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.	
11/16/2017	
Signature Johansen Barrios.	
(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)	
JOHANSEN BARRIOS	
(Typed or printed name of person signing)	 _
PRESIDENT	

. . . .

(Title of person signing)