



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2018

ELDAR ALIEV MATA EA
3735 SW 8TH ST STE 101
CORAL GABLES, FL 33134

SUBJECT: MAXICARS BOUTIQUE INC
Ref. Number: P17000096315

We have received your document for MAXICARS BOUTIQUE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

An officer/director must sign on page 4(of 4).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 818A00005796

RECEIVED
18 APR -2 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAXICARS BOUTIQUE INC

DOCUMENT NUMBER: P17000096315

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELDAR ALIEV MATA, EA

(Name of Contact Person)

MATA & BAKER TAX CONSULTANTS, P.A.

(Firm/ Company)

3735 SW 8TH STREET SUITE 101

(Address)

CORAL GABLES, FL 33134

(City/ State and Zip Code)

SUPPORT@MBTAXCONSULTANTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELDAR ALIEV MATA

305

467-9847

at

(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|--|

Mailing Address
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
to
Articles of Incorporation
of

MAXICARS BOUTIQUE INC

18 APR -2 AM 11:24

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: MATA & BAKER TAX CONSULTANTS, P.A.

3735 SW 8TH STREET SUITE 101

(Florida street address)

New Registered Office Address:

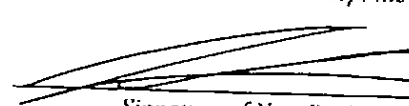
CORAL GABLES

(City)

Florida 33134
(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 obligations 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>NAVARRO, JUAN P</u>	<u>3839 PEMBROKE RD</u>
<input type="checkbox"/> Add			<u>HOLLYWOOD</u>
<input checked="" type="checkbox"/> Remove			<u>FL 33021</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>AUTOS LA 24 SAS</u>	<u>Cra. 24 #10-70</u>
<input checked="" type="checkbox"/> Add			<u>Bogotá, Cundinamarca, Colombia</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

CURRENTLY JUAN P NAVARRO IS LISTED AS THE PRESIDENT OF THE CORPORATION

WE HEREBY REQUEST A CHANGE BE MADE. AUTOS LA 24 SAS A COLOMBIAN ENTITY

WILL BE LISTED AS PRESIDENT AND JUAN P NAVARRO WILL BE REMOVED.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 02/23/2018

(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 be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 02/23/2018

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CESAR A NUNEZ GARCIA

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)