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Andra Colouis

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LAKELAND O	COLLISION INC		
DOCUMENT NUMB	ER:P18000009214	A=		
The enclosed Articles	of Amendment and fee are su	bmitted for filing		
Please return all corres	pondence concerning this ma	tter to the followi	ng:	
	ZOIKA PAIN			
•		Name of Cont	act Persor	
	LAKELAND COLLISIO	N INC		
		Firm/ Cor	прапу	
	2740 INDUSTRIAL PARK	# <b>I</b>		
,		Addre	 :ss	
	LAKELAND, FL 33801			
		City/ State and	l Zip Code	
	FLBUSINESSOLUTIONS	@GMAIL.COM		
	E-mail address: (to be us	sed for future ann	ual report	notification)
For further information ZOIKA PAIN	n concerning this matter, pleas		305	519-5967
	of Contact Person	at (		519-5967 de & Davtime Telephone Number
	r the following amount made	payable to the Flo		•
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	py py	■\$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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

20/9 10 Fil 3.16

## LAKELAND COLLISION INC

( <u>Name of C</u>	orporation as currently	filed with the Florida Dept. of State) /6
P18000009214		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,100 ts Articles of Incorporation:	6, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
SUPRIME AUTO SALES INC		The new
	on "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation of A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		2740 INDUSTRIAL PARK DR. #I
		LAKELAND, FL 33801
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)  D. If amending the registered agent and/onew registered agent and/or the new recommendation of the new registered agent.	FICE BOX) r registered office addr	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	DIKA PAIN	
31	45 SADDLE CREEK RI	
_	(Florida sire	et address)
New Registered Office Address: L.F	AKELAND	, Florida 33801
	,	City) Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		ith and accept the obligations of the position.

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:

 $P \neq President; V \neq Vice President; T = Treasurer; S \neq Secretary, D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD$ 

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: X Change	<u>PT</u>	John Doe	
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>	Address
1) Change			•
Add			
Remove			
2) Change			
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

. <u>11 amer</u> (Attach	iding or adding additional Articles, enter change(s) here: additional sheets, if necessary).— (Be specific)
9/A	
-	
···	
provis	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:
	(not applicable, indicate N/A)
!/A 	
_	

	AUGUST 29th, 2019
The date of each amendment	
date this document was signed	
Effective date <u>if applicable</u> :	AUGUST 29th, 2019
	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed a ne Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ad 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	August 29th, 2019
Signature _	Saur
(1)	by a director, president or other officer – if directors or officers have not been
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court
a	opointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	- Resident
	(Title of person signing)