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SECRETARY OF STATE





COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	DRATION: TONY ACOSTA	AUTO INC			
	1BER: P18000015276				
	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	Miguel Martinez				
	······································	Name of Contact Person	n	_	
	Martinez & Associates P.A.				
		Firm/ Company		_	
	3350 SW 148th Ave Suite 11	0			
		Address			
	Miramar, FL 33027				
		City/ State and Zip Cod	e		
	miguel@martinezapa.com			'n	2
	E-mail address: (to be us	sed for future annual report	notification)	TAT TOR	123 T
For further informat	ion concerning this matter, plea	se call:			2023 MA Y 30
Miguel Martinez		at (764-2192	11	PH 12: 42
Name	e of Contact Person	Area Co)	iber STATE	2
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	TE	2,
■ \$35 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)		
	ailing Address		Address Iment Section		
:A1	nenament Section	Ameno	miche Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Name)	of Corporation as current	ly filed with the Florida Dept. of State)				
P18000015276						
	(Document Number of	of Corporation (if known)				
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following ar	nendment(s) to			
A. If amending name, enter the new m	ame of the corporation:					
N/A		776	ie new			
	orp, " "Inc, " or "Co".	'company," or "incorporated" or the abbreviation " A professional corporation name must contain th				
B. Enter new principal office address,	if applicable:	2035 NW 141st ST				
(Principal office address MUST BE A S		Opa Locka, F1, 33054				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		2035 NW 141st ST				
		Opa Locka, FL 33054	22 28			
			23 H			
•		<u> </u>	II A			
D. If amending the registered agent an new registered agent and/or the new			30			
Name of New Registered Agent	Miguel Martinez	_ 	DOURANT 30 PH 12: 42			
rame of the registered tigen	3350 SW 148thy Ave Sui	te 110	71 ST			
	(Florida street address)					
New Registered Office Address:	Miramar	, Florida ³³⁰²⁷				
		(City) Zip Code	.,			
New Registered Agent's Signature, if c	hanging Registered Agen	t:				
		with and accept the obligations of the position.				
		1				
	$\alpha \qquad \alpha ' $, <u>L</u>				

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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)

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: X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove		ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	Julio C Del Rosario	1396 NW 36th ST Apt 615
X Add			Miami, FL 33142
Remove			
2) Change	VP	Darwin Acosta	3800 NW 183rd ST Apt 201
X Add			Miami Gardens, Fl. 33055
Remove 3.) Change			SECULIA HAY
Add			AN 30
Remove			
4) Change			
Add			
Remove			
51 Change			-
Add			
Remove			
6) Change			
Add			
Remove			

N/A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N A)	** .···
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA) N/A 3	• • • • • • • • • • • • • • • • • • •
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PHI2: 42	
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The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirepartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for t ufficient for approval.	he amendment(s)
	proved by the shareholders through voting groups. <i>The for each voting group entitled to vote separately on the ame</i>	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated <u>05</u>	124/2023: ACOSCA	
(By a select	director, president or other officer – if directors or officers ed, by an incorporator – if in the hands of a receiver, trustented fiduciary by that fiduciary)	have not been re, or other court
	Anselmo Acosta	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

2023 MAY 30 PM 12: 42 SECRETARY OF STATE TALLAHA MEE, FL