018000022643

(Re	equestor's Name)
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Na	ame)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:WINCARS,	INC		
DOCUMENT NUN	MBER:P180000226	543		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	CARLOS A. CATARING			
		Name of Contact Person	1	
	CAC TAX, LLC			
		Firm/ Company		
	8760 SW 133 AVE RD,	•		
		Address		
	MIAMI, FL 33183			
		City/ State and Zip Code	e	
	TAXEPAYROLL@GM	1AIL.COM	V	
	_	sed for future annual report		
For further informat	ion concerning this matter, plea	786	234-1065	
Name of Contact Person		at (Arca Co)	
	for the following amount made			
\$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)	
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

WINCARS INC (Name of Corporation as currently filed with the Florida Dept. of State) P18000022643 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: WINCARSRENTAL, INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 00 N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 (Florida street address) New Registered Office Address:

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

(City)

(Zip Code)

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. <u>If almending</u> (Attach <i>addi</i>	g or adding a tional sheets.	idditional Arti if necessary).	icles, enter chan (Be specific)	ge(s) here:			
N/A		•	(-1 3 >				
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F. If an amen	dment provi	des for an exct	nange, reclassifi	cation, or can	cellation of issu	ied shares,	
provisions	<u>for impleme</u>	enting the ame ndicate N/A)	endment if not c	<u>ontained in th</u>	<u>e amendment i</u>	<u>tself:</u>	
N/A	аррисате, і	naicuie IVA)					
						·	
	<u></u>						
							
					<u>-</u>		
							

The date of each amendment(s) ac	MARCH 14, 2018 option:, if other than
date this document was signed.	, it office than
Effective date <u>if applicable</u> : ,	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were app must be separately provided for	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were add action was not required.	sted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	oted by the incorporators without shareholder action and shareholder
MARCH Dated	4, 2018
selecte	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	JOHAN CARRASQUERO
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)