# P18000050013

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	÷ #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FI OR OR

Amend

JUN 2 0 2018 I ALBRITTON

#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: JUdah Guto Sales Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

### 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

is enclosed)

## Articles of Amendment to

Articles of Incorporation of

Sudah auto Sales I	nc				
(Name of Corp	poration as currently	filed with the Florida Der	ot. of State)		
<u> 1718000050078</u>				_	
(1	Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <b>F</b>	lorida Profit Corporation :	adopts the followi	ng amendment	(s) to
A. If amending name, enter the new name of	the corporation:				
				The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	"Corp." "Inc." or "C	lo". A professional corpor		abbreviation	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>'E BOX</u> )		SECRE TARY TALL AHASSE	2018 JUN 1.8	
D. If amending the registered agent and/or renew registered agent and/or the new registered.			me of the	₩ D 35	
Name of New Registered Agent				_	
	(Florida stre	et address)		_	
New Registered Office Address:		City)	_, Florida	Code)	
	ţ	Спуу	(2.4)	Coue	
New Registered Agent's Signature, if changing					
I hereby accept the appointment as registered ag	gent. I am familiar w	ith and accept the obligation	ns of the position.		
	Signature of New Re	vistered 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: X Change	<u>PT</u>	John Do	<u>ıc</u>			
X Remove	<u>V</u> .	Mike Jo	<u>nes</u>			
X Add	<u>sv</u> <u>s</u>	Sally Sn	n <u>ith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) X Change	Presid	lent	Barbara	Denise Rap	ohce <u>l</u>	
Add				·		
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change				<del></del>		
Add						_
Remove						
5) Change				<del></del>		
Add						
Remove						
6) Change						
Add						
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
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-	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del></del>	
	•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
F.ffective date if applicable:	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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)	
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.	
Dated 6/5/18	
Signature Bakasa Cense, Rapha	
(By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Karbara Denise Kaphael	<u>.</u>
(Typed or printed name of person signing)	
Yresident	
(Title of person signing)	