P18000073189

| (Requestor's Name) | | | | |
|---------------------------|-------------------|-------------|--|--|
| (Add | iress) | | | |
| (Add | tress) | | | |
| (City | //State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bus | siness Entity Nan | ne) | | |
| (Doc | cument Number) | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to F | Filing Officer: | | | |
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Office Use Only



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TAFT ANASSEE FLORID

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COVER LETTER

| TO: Amendment Section Division of Corpora | | | | MIS NOV 29 PA 4: 32 |
|--|---|---|--|---------------------|
| NAME OF CORPORA | ATION: AUTOS | APANOIN 1925 | 1101 | 12 N 29 |
| DOCUMENT NUMBE | OR: P1800 | Ur. 73189 | | 555 OF 1 |
| The enclosed Articles of | <i>Amendment</i> and fee are so | bmitted for filing. | | 6 4 C |
| Please return all correspo | ondence concerning this ma | tter to the following: | | A.S. C. |
| _ | Em | Name of Contact Perso | | |
| | | | | |
| _ | | Firm/Company | | _ |
| _ | 5:9 | EMERALO LA | KE DITE | |
| _ | Cocag Fi | Address <u>CRANE)</u> City/ State and Zip Cod | 32926 | _ |
| | F-mail address: (to be n | いだけなり おりょ sed for future annual report | notification) | |
| For further information of | concerning this matter, plear | se call: | | |
| E-12-16 | · (FLMICK | at (203 |) SCE 6463 ode & Daytime Telephone Numb | |
| Name of | Contact Person | Area Co | ode & Daytime Telephone Numb | H ^o l. |
| Enclosed is a check for t | he following amount made | payable to the Florida Dep | artment of State: | |
| ▼ \$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) | |
| Ameno Divisio P.O. B | ng Address diment Section on of Corporations dox 6327 assee, FL 32314 | Ameno Divisio Cliftor | Address Ilment Section on of Corporations o Building Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| | 01 | | | <i>₽</i> , |
|--|------------------------------|---|--|-------------------------------------|
| Autro | ANDIONE | ELS .INC | • | FULL FOR |
| | | | rida Dept. of State) | |
| P | 180000 | 73189 | | 表示 |
| | ment Number of C | | own) | |
| Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation: | la Statutes, this F_{ℓ} | | | `9.7\ |
| A. If amending name, enter the new name of the c | orporation: | 5 | hopezz-In | ?C S |
| Shop 122.INC name must be distinguishable and contain the wo | | | | The new |
| name must be divinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the | p," "Inc," or "C | $\sigma^{\prime\prime\prime}$ A professiona | "incorporated" or i al corporation mane i | he abbreviation must contain the |
| B. Enter new principal office address, if applicable | le: | 669 E | merald int | E Dave |
| (Principal office address MUST BE A STREET AD | | | 1 (1000 | |
| | | | | |
| | | - Fl. 1- | 1, A., | |
| C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE Books</u>) | <u>(),X</u>) | | | |
| • | | | | |
| D. If amending the registered agent and/or registonew registered agent and/or the new registered | | ss in Florida, ente | r the name of the | · |
| Name of New Registered Agent | Simo | ·:- | | |
| | | | | |
| | (Florida stree | t address) | | |
| New Registered Office Address: | S. (*) | rate | Elmida | |
| . Aew Registered Onlite Audatess. | ((| | , Florida | (Zip Code) |
| • | | | | |
| t., | | | | |
| <u>New Registered Agent's Signature, if changing Re</u> Thereby accept the appointment as registered agent. | | th and accept the a | obligations of the vosi | ister 7 |
| The second secon | | | 1 | |
| | . A · | | 1. (1) | 1.6 |

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 = Treasmer; 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, Treasmer, 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.

Teamorte.

| X Change | <u>PT</u> | <u>John Doe</u> | |
|-------------------------------|-----------------|-----------------|---------------------------------------|
| X Remove | \underline{V} | Mike Jones | |
| X Add | <u>8V</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Addre <u>s</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | · · · · · · · | | |
| Add | | . P | |
| Remove | | | |
| 3) Change | | | / |
| Add | | , | |
| _ Remove | | | · |
| 4) <u></u> Change | | | |
| Add | | • | · · · · · · · · · · · · · · · · · · · |
| Remove | | | |
| .5) Change | | | |
| Add | | | |
| Remove | | | |
| <i>θ</i>) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additiona | adding additional Articles, enter change(s) here: al sheets, if necessary), — (Be specific) | |
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| <u>f an amendmer</u> provisions for | nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: | |
| (if not appl | licable, indicate N/A) | |
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| The date of each amendment(s) adoption: date this document was signed. | 11/02/2018 | | if other than the |
|--|--|---|--------------------------|
| Effective date if applicable: | - Barrer | 12./9/2018 | |
| | (no more than 90 days after | amendment lile date) | |
| Note: If the date inserted in this block does redocument's effective date on the Department of | | ry filing requirements, this date w | ill not be listed as the |
| Adoption of Amendment(s) (CF | IECK ONE) | | |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for : | | votes cast for the amendment(s) | |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | | | |
| "The number of votes east for the ame | ndment(s) was/were sufficient | for approval | |
| by | | | |
| (to | ding group) | | |
| The amendment(s) was/were adopted by the action was not required. | board of directors without sha | reholder action and shareholder | |
| The amendment(s) was/were adopted by the action was not required. | incorporators without shareho | lder action and shareholder | |
| Dated 11 02 2016 | <u> </u> | | |
| Signature | XII | | |
| | Adent or other officer—if director orporator—if in the hands of a | tors or officers have not been receiver, trustee, or other court | |
| appointed fiduciar | • | | |
| | Emily CEUNER | <u>, </u> | |
| | (Typed or printed name of per- | son signing) | |
| | CEO | Andrews S | shopraz |
| | (Title of nerson sir | onino) | |