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(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Pilotear EV Inc.		
DOCUMENT NU	MBER: P18000092520		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this made	tter to the following:	
	Ali Mete Timur		
		Name of Contact Persor	1
	Pilotear EV Inc.		
	**************************************	Firm/ Company	
	16121 Lee Road unit 107		
	· · · · · · · · · · · · · · · · · · ·	Address	***************************************
	Fort Myers, Fl 33912		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2
	assistant@pilotcarev.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
Traci Duncan		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co	Address iment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Pilotear EV Inc.	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P18000092520	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDE	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	·)
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code) 💮
	:
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signati	ure of New Registered Agent, if changing

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.

X Change	<u>PT</u>	John D	<u>oc</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	mith_		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
I) Change	V		Suleyman S Celik	16121 Lee Rd	_
Add				unit 107	
X Remove				Fort Myers, FL 33912	•
2) Change		_			-
Add					-
Remove 3) Change					_
Add					=· → 1
Remove					. i.
4) Change			*****		. 27
Add					
Remove					·:
5) Change					<u> </u>
Add					-
Remove					
6) Change		_			_
Add					-
Remove					

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)	 '		
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-				
an amendment provides for an exc	hange reclassification	or cancellation of issu	ied chares	
rovisions for implementing the am	endment if not contain	ed in the amendment	itself:	
(if not applicable, indicate N/A)				
		· · · · · · · · · · · · · · · · · · ·		
				1
		FIL 72 - 2111 to 112 1 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1		
178-1-11-1				
118		, <u>, , , , , , , , , , , , , , , , , , </u>	-	

Novem	ber 14, 2023
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no	more than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	eet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHECK	<u>(ONE</u>)
The amendment(s) was/were adopted by the incoraction was not required.	rporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for approximately the shareholders was sufficient for approxima	cholders. The number of votes cast for the amendment(s) oval.
	reholders through voting groups. The following statement up entitled to vote separately on the amendmentts):
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval
by	<u></u> .
(voting g	roup)
November 14,2023 Dated Signature	
Ali Mete Timur	ed or printed name of person signing)
(Турс	ed or printed name of person signing)
President	
(Title	of person signing)