P18000093246

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WOYLD AUTO Wholesales INC.		
DOCUMENT NUMBER: P 180000 93246		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
John Sepielli Name of Contact Person		
world Auto Wholesales Inc		
POBCY 50488		
Fort Myels #1 33994 City/ State and Zip Code		
John G. Sepielli & Gmail. Com E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
John Sepielli a. 239, 340 927/		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee 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

	• • •
Articles of	Incorporation
	_

MOVED Auto Whole	sales Inc.	
	ntly filed with the Florida Dept. of S	tate)
P180000 9324		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts	the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
NB		The new
NIB name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation i	" or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
(The topal office address most the ASTREET APPRESS)		201
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	<u> </u>
	7	
		্য ————————————————————————————————————
		င်ာ
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		<u>the</u>
Name of New Registered Agent DA		
7		
(Florida s	street address)	
New Registered Office Address: N/17	Flori	da
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: r with and accept the obligations of th	e position.
N/1×	Registered Agent, if changing	
Signature of New	Registered 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.

	e, ana sa	tty Smith, SV as an Add.	
Example: <u>X</u> Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	John Sepielli Jr.	4656 Palm Bouch Blue
Add		•	FOIT Myers 21 33905
2) Change Add	P	John Sepielli	4 usie Palm Brach Blud FOIT Myers 7/33905
Remove 3) Change			
Add			
4) Change Add			
Remove			
5) Change			
Remove			
6) Change			
Add Remove			

E. If amending or adding additional Arti-	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
NA	
-	
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	-
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/r_	
· · ·	

The date of each amendment(s) adoption:	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 meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 April 17 2019	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed liduciary by that fiduciary)	
John Seprelli P. (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Title of person signing)	
(Title of person signing)	·