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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EXECUTIVE MOJORS III INC.
DOCUMENT NUMBER: <u>P18000096564</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANNAUSA ANGELI Name of Contact Person
EXECUTIVE MOTORS III INC.
18920 W DIXIE HWY
MIAMI FL 33180 City/ State and Zip Code
<u>executive motors aventura @ amoil.</u> com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANNALISA ANGELI at (305) 931 4502 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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)
(Additional copy is enclosed) (Additional Copy enclosed) (Additional Copy is Certified Copy (Additional Copy is enclosed) (Additional copy is Certified Copy (Additional Copy is enclosed) (Additional copy is Certified Copy (Additional Copy is enclosed) (Additional copy is Certified Copy (Additional Copy is enclosed)

Articles of Amendment Articles of Incorporation of

EXECUTIVE MOTORS III INC	C urrently filed with the Florida Qept of State Fill: 53
P18000096564	· · · · · ·
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporati	on:
NA	The new
	ooration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent N A	
(Flo	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Alberta Agent. I am fan	
N A 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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther a change, Mike Jones leaves the corporation, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

	ve, ana Sa	uy Smun, 3v as an Maa.	
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) 🗶 Change	P	ROBERTO AVELLA	468 GOLDEN ISLES DE
Add Remove			APT. 201 HALLANDAIE BEACH FL 330
2) Change	<u> </u>	BILLANTE THOMAS	19667 TURNBERRY WAY
Add Remove		7.014210	APT. 22F AVENTURA FL 33180
3) Change			
Remove			
4) X Change Add	<u> </u>	MARIOTUNDISI FILMO	2750 NE 183 STREET APT. 1809
Remove			AUENTURA FL 33160
5) Change Add	I	ANNALISA ANGELI	468 GOLDEN ISLESDR. APT. 202
Remove			HALLHMOALE BEALH TL 331
6) Change			
Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
OWNERSHIP AND PROFIT AND LOSS
ROBERTO AVELLA 95% OF CORPORATE STOCKS AND PROFIT AND LOSS
MARIO TUNDISI FILHO 5% OF CORPORATE STOCKS AND PROFIT AND LOSS
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other tha
date this document was signed.	
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 will document's effective date on the Department of State's records.	ll not be listed a
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_ <u>OS</u> / 15 / 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 fiduciary by that fiduciary)	
MARIO TUNDISI FILHO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	