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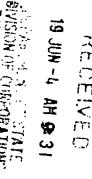
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06/04/19--01009--003 **35.80

TOWNSHI TAKE

Amend

JUN - 1 7019 I ALBRITTON



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	T4FA	utomotive	INC	
DOCUMENT NUMBER: P 1	900001	2186		
The enclosed Articles of Amenda	ent and fee are sul	bmitted for filing.		
Please return all correspondence e	oncerning this mat	ter to the following:		
The		Name of Contact Person	<u>h</u>	
2009 Hickory LN				
Tal	lahasse	۷,		
Tallahassee Fl 32305 City/ State and Zip Code				
		mail (CM)		
For further information concerning	g this matter, pleas	se call:		
Thomas M Mil			363-5438 de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	.75 Filing Fee & ifficate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addre	······································	Street	Address	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

	of	•	77
TAF Automotive	INC.		
(Name of Cor	poration as current	ly filed with the Florida Dept. of State)	
V 19 mon 12180	0		37.
	Document Number o	f Corporation (if known)	97.7 (2).0
ursuant to the provisions of section 607.1006, ls Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation adopts the following	lowing amendr
. If amending name, enter the new name of	the corporation:		23.7
			The no
Corp., "Inc.," or Co.," or the designation ord "chartered," "professional association." B. Enter new principal office address, if app Principal office address	or the abbreviation i licable:	"P.A." 8054 Woodwille Tallalassee, Fl.	
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) 2. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.	<u>CE BOX</u>) registered office add		
Name of New Registered Agent	<u>.</u>		
	(Florida si	reet address)	
New Registered Office Address:		, Florida	
New Registered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a			ition.
	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.

Example: <u>X</u> Change	PT John I	<u>)oe</u>	
X Remove	<u>V</u> <u>Mike</u> .	Jones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Costro Festian	748 woodville Hw-
Add			Transfordoille, Fl 32327
Remove	•		3000
2) Change	VP	Kichard F. Mihalich	2012/03 /03/03
Add			1130 Carrin Dr.
Remove			Tallatassee F1, 3230L
3) Change	TR	Holly JM Indian	2009 Hickory LN
Add			Tellahassee Fl.
Remove			31302
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding addition Attach <i>additional sheets, if nec</i>	essary). (Be specif	ìc)			
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	*			<u>-</u> -	
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- 	-				
				-	
					
	· -				
an amendment provides fo	r an exchange, recl:	ıssification, or car	ncellation of issue	d shares,	
orovisions for implementing (if not applicable, indicat	<u>the amendment if r</u> w 3/4)	<u>iot contained in tl</u>	he amendment its	self:	
(y nor approxime, mineri	,				
			. .		
					
			_		
					

····· ····· ···· ·····················	, if other than the
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 document's effective date on the Department of State's records.	date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	us)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6-4-19	
Signature AAM Makat	
(By director, president or other officer – if directors or officers have not bee sefected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
Thomas M. Mihalich (Typed or printed name of person signing)	<u> </u>
President	·
(Title of nurses cigning)	