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SECREIANY OF STAIE FALL AHASSEE, FLORIDA

APR 10 2019 T SCHROEDER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DISC	OUNT AUTO SA	ALES OF AMERICA	LNC	
DOCUMENT NUMB	DI	DISCOUNT AUTO SALES OF AMERICA Ploopozoos7			
	of Amendment and fee are so	ibmitted for filing.			
Please return all corresp	oondence concerning this ma	atter to the following:			
	SYED	ZAFAR			
<del>-</del>		Name of Contact Perso	n		
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_	Address				
	Miami, FL 33155				
_		City/ State and Zip Cod	e	_	
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Name of	Contact Person	Area Co	de & Daytime Telephone Num	iber	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
₩ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 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 Street Address

Amendment Section
Division of Corporations
Clifton Building

## Articles of Amendment

to

## Articles of Incorporation

of

DISCOUNT	AUTO SALE	S OF AMER	ICAINC	
(Name of Co	rporation as currently	filed with the Florid	a Dept. of State)	
F	19000020	0057		
	(Document Number of	Corporation (if known	)	-
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	. Florida Statutes, this I	Florida Profit Corpora	ation adopts the following	; amendment(s) to
A. If amending name, enter the new name of	of the corporation:			
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	i "Corp," "Inc," or "C	o". A professional c	ncorporated" or the absorperation name must c	breviation
B. Enter new principal office address, if ap			Market .	
(Principal office address <u>MUST BE A STRE</u>	ET ADDRESS )		<b>≥</b> 0	<b>. 3</b>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.)			ABASSEEL FLORIDA	A 111
D. If amending the registered agent and/or new registered agent and/or the new reg		ess in Florida, enter tl	he name of the	
Name of New Registered Agent	Mayour	Maniar		
	335 NE 19 (Florida stree	54 ST, et address)		
New Registered Office Address:	N.Miami	Beach	Florida 331	62
	(1	Bench,,	Florida 33 ( CZip C	ode)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. – Lam familiar w.		gations of the position.	

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: X Change	<u>PT</u> Jol	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Zain Maniar	1326 AliBABA AVENUE
Add			OPalocka, FL 33c54
_X Remove			
2) Change	<u>P</u>	Marcof Maniar	335 NE 154 ST
_X Add			N. Miami Brock
Remove			FL 33162-6 49 7
3) Change	<del></del>		
Add			
Remove			
4) Change			ARE 100A
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	4		
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)		
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	14)		
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		5.5 E.S.E.	СЛ
If an amount was idea for an area.	and and address to the second	) E	Ş: ≥
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	Dr.	9
(if not applicable, indicate N/A)	Manter to the Committee of the Billette of the Committee	•	
,			
	<del></del>		
	N/A		
			_
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			<del></del>

The date of each amendment(s) adoption:date this document was signed.	03-26-2019		if other than the
<b>C</b>			
Effective date if applicable:	more than 90 days after amendment file date)		
(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 da 's records.	ite will n	ot be listed as the
Adoption of Amendment(s) (CHECK	(ONE)		
The amendment(s) was/were adopted by the sharel by the shareholders was/were sufficient for approximation.	holders. The number of votes cast for the amendment(	s)	
☐ The amendment(s) was/were approved by the share	cholders through voting groups. The following statement p entitled to vote separately on the amendment(s):		
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval		
by	гоир)	IVI 3S	<del></del>
(voting gr	гоир)	CS.	<b>&gt;</b>
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholde	CRETARY OF STATE LAHASSEE, FLORID	FILE
☐ The amendment(s) was/were adopted by the incorpaction was not required.		OF STATE	5. 5. Hd
Dated 3 26 2 c	or other officer – if directors or officers have not been	. (₽	9
SignatureMax.va	1 Allauri		
(By a director, president of selected, by an incorporate appointed fiduciary by the	ior – it in the hands of a receiver, trustee, or other court		
MAX	OOF MANIAR		
(Typed	or printed name of person signing)		
	President		
	(Title of person signing)		