P190000 20057

(Requestor's Name)
(Address)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: DISC	ount Aulo S.	los of America lac
DOCUMENT NUMBER			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Syed	Zafar Name of Contact Person	1
_		Firm/ Company	
_	4900	SW 74 CT	
	Mia	Address Address City/ State and Zip Code	55
		City/ State and Zip Code	2
	Syelz 4 E-mail address: (to be us	16 (a Yahoo Co	motification)
For further information co	oncerning this matter, pleas	se call:	
Syed	Zafar	at(<u>3</u> 55	de & Daytime Telephone Number
Name of (Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made j	payable to the Florida Depa	rtment of State:
☑-\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Amend Divisio	g Address ment Section n of Corporations ox 6327	Amend Divisio	Address ment Section n of Corporations Building

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

	۸ ۵			Mac.	
Discount	- Auto Sales	, ef f	Junes - car	"(%i c' 26	PH C.
(Name of Corp	oration as currently fi	iled with ti	he Florida Dep	t. of State)	1-0.
P	196000 200	ST			
	Document Number of Co		(if known)		
		•			
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this <i>Flo</i>	rida Profii	t Corporation a	dopts the follow	ing amend
A. If amending name, enter the new name of	the corporation:				
					777
name must be distinguishable and contain the	word "corporation."	"compan	v." or "incorn	orated" or the	The n
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	'Corp," "Inc," or "Co	. A profe	essional corpor	ation name mus	it contain
B. Enter new principal office address, if appli	icable:				
(Principal office address MUST BE A STREET					
					
			NIA		
C. Enter new mailing address if amplicable.			,		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)		NIA		
			1-1-3		- -
	-			<u> </u>	
D 16					
 If amending the registered agent and/or re new registered agent and/or the new registered. 	<u>gistered office address</u> tered office address:	in Florida	a, enter the nai	ne of the	
,					
Name of New Registered Agent	Shehza	<u>-cl 141</u>	aniar		_
	335 NE	154	ST		
	(Florida street e	,			_
New Registered Office Address:	North Mil	an Ba	2-ch	, Florida 33	162
	(Cii	ty)		, i iorida (Zi	p Code)
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registered ag	ent. I am familiar with	and accep	ot the obligation	s of the position	i.
	hehral Ma	ر ــــــــــــــــــــــــــــــــــــ	L		
	Signature of New Regis	stered Age.	nt, if changing		-

P = President; V = Vi. Executive Officer; CF held. President, Treas. Changes should be no	director title by the control of the corporation	ng manner. Currently John Doe is listed as to ration, Sally Smith is named the V and S. The	re than one title, list the first letter of e he PST and Mike Jones is listed as the I
X Change	<u>PT</u> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> P</u>	Zain Maniar	1326 AliBaba A
Add			OPalocka FL 33
Remove			
2) Change	VP	Zain Maniar	1326 Alibasa Au
Add			Opalocka Fl 330
3) Change	2	Shehzad Maniar	335 NE 154 ST
_X Add			North Miani Boarch
Remove			FL 33162
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, I address of each Officer and/or Director being added:

The date of each amendment(s) adoption: 09-232019	_, if othe
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.	not be lis
Adoption of Amendment(s) (CHECK ONE)	
☐ 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 09-23-2019 Signature Shehzed Mann	
Signature Shehzird Mann	
(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)	
Shehzad Maniar	
(Typed or printed name of person signing)	
President	
(Title of person signing)	