P19000020057

(Re	equestor's Name)	
(Ad	ldress)	
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(AC	idless)	
(Cit	ty/State/Zip/Phone	= #)
,	,	- ",
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		63/36 CATTAChed XAMI
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<u> </u>		X MAY.





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04/15/22--01005--026 **8.75

05/06/22--01004--011 **26.25



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RECEIVED

2022 HAY -4 PH 12: 12

SECRETARIA SEES. FL

April 15, 2022

ZAINUL MANIAR DISCOUNT AUTO SALES OF AMERICA 4360 NW 27TH AVE OPALOCKA, FL 33054

SUBJECT: DISCOUNT AUTO SALES OF AMERICA INC

Ref. Number: P19000020057

We have received your document for DISCOUNT AUTO SALES OF AMERICA INC and check(s) totaling \$8.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$26.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey **OPS**

Letter Number: 022A00008832

Articles of Amendment to

Articles of Incorporation of

Discount Auto S	iales of An	perica.]	NG	
(Name of Corporati	ion as currently filed with the	Florida Dept. of State)	記書で	
(Docur	ment Number of Corporation (if	known)	2 F 67	_ \
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Co	orporation adopts the fo	ollowing amerilment(s)	19
A. If amending name, enter the new name of the c	orporation:		2 12	
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	" or "Co". A professional c	ncorporated" or the abb orporation name must	The new reviation "Corp.," contain the word	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS NUMBER OF A STREET ADDRES	e: We only of the President Means put Zi	A need to It instead a AINUL MA	CONVECT THE Y ZAIN M MAI MITAR	AN NIAH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) (X)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		enter the name of the		
new registered agent and/or the new registered	onice aduress.			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida		
Hen Registered Office Hadreis.	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Rest hereby accept the appointment as registered agent.		the obligations of the po	sition.	
Sign	nature of New Registered Agent,	if changing		
Check if applicable The amendment(s) is/are being filed pursuant to s.	607.0120 (11) (e), F.S.			

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			<i>C</i> A
X Add	<u>sv</u>	Sally Smith	Corporate BU	SINESS Addres	s: 14360 NW Z7 FAUE Opalocka FL 33054 Address
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			
1) LChange MR	ESIDE	$\mathbb{Z}_{\underline{\mathbf{w}}}$	AINUL	- MANIA	R 335 NE 1545TN. MAM BEACH FL 33 162
Add		ı		1 	St name as Lappeans on
Remove	only	Change is	to Add O ver's Liceur	[70 m],578	SI vious as suppears on
2) Change	7		<u> </u>		
Add				_	
Remove 3) Change		<u></u>			
Add				_	
Remove				_	
4) Change			· · · · · · · · · · · · · · · · · · ·		
Add				_	
Remove				_	
5) Change		-			
Add				-	
Remove				_	
6) Change					
Add				-	
Remove				_	

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
·	
	
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	3-28-22	, if other than the
date this document was signed.	. 11	
Effective date if applicable: WWW	edialely	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date w	ill not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by taction was not required.	the incorporators, or board of directors without shareholder action as	nd shareholder
The amendment(s) was/were adopted by t by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval,	
by ZAINUL MA	WIAR Own 100% of the Share voting group)	<u>2</u> S
Dated 3-2822 Signature	wilch resident or other officer – if directors or officers have not been	
selected, by an i	incorporator – if in the hands of a receiver, trustee, or other court liary by that fiduciary)	
ZA	(Typed or printed name of person signing)	
	(Typed of printed flame of person signing)	
PR.	ESIO ENT	
	(Title of person signing)	