Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electropic Filing Cover Sheet

1 (88)811 4		(1881 1000 11181 1181 1181 1181 1181 118	####	•1
ote: DO1		  /RELOAD button on your br   generate another cover sheet		page.
To:	Division of Corpora Fax Number : (8	tions 50)617-6380	21.	2019
From:	Account Name : SI Account Number : 12 Phone : (3 Fax Number : (8	95)944-9755	 .L.C.	ure 1
ann	the email address for ual report mailings.  il Address:	this business entity to be Enter only one email addre	e used for futures please.**	ure =
C		ATE/CORRECT OR O/D AUTO SALES CORP	RESIGN	1
	Certificate of State Certified Copy Page Count	1s 0 0	<i>T</i>	Inu
	Estimated Charge	ر بند مسجد بالب عدد حدود دور با بالمار المار ا		

TO: Amendment Section

## **COVER LETTER**

Division of Cor	porations			
NAME OF CORPO	ORATION: ART AUTO SALE	S CORP		
	IBER: P19000022338			
The enclosed Article	s of Amendment and fee are sub	mitted for filing.		
Please return all corr	espondence concerning this matt	ter to the following:		
	JAVIANA HERNANDEZ			
		Name of Contact Person	n	
	ART AUTO SALES CORP			
		Firm/ Company		
	2800 GLADES CIRCLE SUIT	TE 127		
		Address		
	WESTON, FL 33327			
	*	City/ State and Zip Cod	e	
				4
	E-mail address: (to be use	d for future annual report	notification)	
	•			
For further informati	on concerning this matter, please	e call:		
JAVIANA HERNA	NDEZ	954 at (	866-9883	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	for the following amount made p	ayable 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Malling Address Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

850-617-6381

5/30/2019 12:46:18 PM PAGE

1/001 Fax Server



May 30, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

JAVIANA HERNANDEZ 2800 GLADES CIRCLE #127 WESTON, FL 33327

SUBJECT: ART AUTO SALES CORP

REF: P19000022338

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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 calī (850) 245-6052.

Tacarri K Glass Regulatory Specialist II Amount charged: 25.00

FAX Aud. #: H19000170826 Letter Number: 119A00010827

Articles of Amendment to Articles of Incorporation

	A	ART AUTO SALES CORP		
(Name	of Corporatio	en as currently filed with the Florida Dept. of State)		
P19000022338				
	(Docume	ent Number of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida	Statutes, this Florida Profit Corporation adopts the followi	ng amendi	ment(s) to
A. If amending name, enter the new pr	ame of the cor	rporation:		
N/A			The n	
	ation "Corp."	"corporation," "company," or "incorporated" or the c" "Inc," or "Co". A professional corporation name must abbreviation "P.A."	abbraviati	on
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				-
			-	-
				-
C. Enter new mailing address, if appli	içable:	N/A	~	
(Mailing address MAY BE A POST	OFFICE BOX	- NA		-
			<u> </u>	
			 (.)	
D. If amending the registered agent an new registered agent and/or the new		ed office address in Florida, enter the name of the		, i i
Hen tentieren anen aucher die ier		KERAGE SOLUTIONS LLC	ب	الب.
Name of New Registered Agent			- =	
	2800 GLAD	BS CIRCLE SUITE 127	-	
	WEGTON	(Florida street address)		
New Registered Office Address:	WESTON	Florida 33327	Codel	-
		(City) (Zip	Code)	
New Registered Agent's Signature, if c	hanging Regi	Stered Agent;		
I hereby accept the appointment as regist	ered agent. I	Im familiar with and accept the obligations of the position.		
	Kraves			
		sture of New Registered Agent, if changing	_	

Example:

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 Y. 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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PI	John Doe		
X Remove	¥	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	MGR	HERNANI	DEZ, JAVIANA	2800 GLADES CIRCLE
Add				127
X Remove				WESTON, FL 33327
2)Change	PT	V&M BROK	erage solutions LLC	2800 GLADES CIRCLE
X Add		-		SUITE 127
Remove				WESTON, FL 33327
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Page 2 of 4

10 rageralo	To	Page	7	af	8
-------------	----	------	---	----	---

E. If amending or adding additional Articles, enter c (Attach additional sheets, if necessary). (Be specifi	hange(s) here: c)
N/A	
	<u> </u>
	<u>                                     </u>
	<u> </u>
<del></del>	1
	I
	official on acceptation of travel the res
F. If an amendment provides for an exchange, reclass provisions for implementing the amendment if no	of contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	1
	I

and the second second

The data at soon amandmential adoption:	Cashan shan sha
The date of each amendment(s) adoption:	f other than the
-	
05/28/2019 Effective date if applicable:	
(no more than 90 days after amenament file date)	<del></del>
(110 Mar o many agree amenanting action)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
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.  MAY 28TH 2018  Dated  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 approinted/fiduoitary by that fiduciary)  JAVIANA HERNANDEZ  (Typed or printed name of person signing)  MANAGER	
(Title of person signing)	

Page 4 of 4