P190000 34614

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200329569872

05/31/19--01022--010 **35.00

SECRE PAR SECRE SALES OF STATE

JUN 17 2019 C Kinsey

COVER LETTER

Division of Corporations O SAIR and SKYS INC. NAME OF CORPORATION: DOCUMENT NUMBER: _1 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VENDO TO mail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation

of

Mrs De Auto Sales and	Services INC
(Name of Corporation as current	tly filed with the Forida Dept. of State)
P19000034614	·
(Document Number	of Corporation (if Known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Co. poration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALLAHASSE
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	555: A 1/2
Name of New Registered Agent 528 Peac (Florida s	2 DR. Brivernia FL.
New Registered Office Address: FOIN UANA	(City), Florida 34759 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.
Signature of New	Registered Agent 1' 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 "ST 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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	1
X Add	SV Sally S		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Metallus Corner	2824 S. ORANGE
Add * _ Remove		t.	Avr. ORLANDO PL32806
2) Change	<u>vP</u>	Metellos DinA	2824 S. orlange
Add Remove		i	FLORIDA 32806
3) Change	<u>vP</u>	Metellus Errnst	528 PEANCE DR. Poinciana
Remove			FL. 34759
4) Change			
Add			
5) Change	 		
Add Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
·····	
	
	<u>.</u>
	- · · · · · · · · · · · · · · · · · · ·
	·
-	
<u> </u>	
F. If an amendment provides for an exchange, reclassification, or cancellation of	<u>-sued shares.</u>
provisions for implementing the amendment if not contained in the amendmer	<u>:itself:</u>
(if not applicable, indicate N/A)	
	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 05-22-19 date this document was signed.	, if other than the
Effective date if applicable: 05 - 22 - 19 (no 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 meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder section 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 05-22-19	
Signature End putilles	
(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)	
(Typed or printed name of person signi'2)	
(Typed or printed name of person signi (2)	
y.P	
(Title of person signing)	

45