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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TS AUTO WHOL	ESALE INC	
DOCUMENT NUMB	P19000043151	<u></u>	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	BARAO DA SILVA, IAN V	ICTOR	
-		Name of Contact Person	
-		Firm/ Company	
	PO BOX 450608		
-	<u></u>	Address	
	KISSIMMEE, FLORIDA 32	817	
•		City/ State and Zip Code	
	E-mail address: (to be u	sed for future annual report	notification)
	to man address. (to be a	sea for rating annual report	,
For further information	concerning this matter, pleas	se call:	
IAN VICTOR BARA	O DA SILVA	781	333-1620
Name o	of Contact Person		de & Daytime Telephone Number
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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

T S AUTO WHOLESALE INC

FILED

(Document Number of Corporation (if known) "ALLAHASSLL FLEAP Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following a its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevious or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must conword "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ORLANDO, FLORIDA 32820	P19000041151 (Document Pursuant to the provisions of section 607.1006, Florida Sta	Number of Corporation (if known)			
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: IAN VICTOR BARAO DA SILVA Name of New Registered Agent		KISSIMMEE, FLORIDA			
new registered agent and/or the new registered office address: Name of New Registered Agent IAN VICTOR BARAO DA SILVA		34745			
Name of New Registered Agent IAN VICTOR BARAO DA SILVA	··				
Name of New Registered Agent					
	Name of New Registered Agent	IAN VICTOR BARAO DA SILVA			
		NIAL DR			
(Florida street address)		(Florida street address)			
New Registered Office Address: ORLANDO 32820 Florida		Florida 32820			
(City) (Zip Cod	New Registered Office Address:				

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	if necessing the ector title ector title ector title ector title ector e	ary) e by the first letter of the office title: ; T= Treasurer; S= Secretary; D= Director; TR= Financial Officer. If an officer/director holds more or would be PTD. Howing manner. Currently John Doe is listed as the orporation, Sally Smith is named the V and S. These	Trustee; C = Chairman or Clerk; (than one title, list the first letter c PST and Mike Jones is listed as th
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	IAN VICTOR BARAO DA SILVA	18580 E COLONIAL DR
X Add			ORLANDO, FL
Remove			32820
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	1
	<u> </u>
	1
	
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	<u> </u>
	<u> </u>
	1
	<u> </u>
	<u> </u>
	<u>_ </u>

The date of each amendment	•	, if c
date this document was signed.	09/17/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date to Department of State's records.	will not be
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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		1
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
09/17/	2019	
	y a director, president or other officer – if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
·	IAN VICTOR BARAO DA SILVA	Ì
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u>-</u>