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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: MOTORMAX AL	TO GROUP INC	
OOCUMENT NUMBER			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspond	lence concerning this ma	tter to the following:	
JUL	IANA PIETA		
 -		Name of Contact Persor	1
TA?	CONTROLLER INC		
		Firm/ Company	
750	E. SAMPLE RD BLDG	3 BAY5	
		Address	
PON	1PANO BEACH, FL 330	064	
	-	City/ State and Zip Code	2
JULIANA	@TAXCONTROLLER.	СОМ	
	•	sed for future annual report	notification)
For further information con	cerning this matter, pleas	se call:	
ULIANA PIETA		954 at (301-1848
Name of Co	ntact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Depa	rtment of State;
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, Ft. 32301

Articles of Amendment to Articles of Incorporation of

MOTORMAX AUTO GROUP INC

(Name of Corporation as current	v filed with the Florida Dept, of State)
P19000070405	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation 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 "corporatio "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:	Fig. 3 m
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	- <u>San 6</u> H
	1000 至 日
D. 16 marking also region and appear and form and 667 marks	<u> </u>
D. If amending the registered agent and/or registered office addi- new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	egistered Agent, if 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 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.

Example: \underline{X} Change	<u>P7</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	DIR	GUILHERME F DE PAOLA	691 NE 42ND STREET UNIT#201
Add			DEERFIELD BEACH, FL 33060
Remove			
2) Change	P	BRUNO JORGE NICOLETTI	691 NE 42ND STREET UNIT#202
X Add			DEERFIELD BEACH, FL 33060
Remove	DIR	MAYARA P LOBO CARMO	691 NE 42ND STREET UNIT#202
3) Change X Add			DEERFIELD BEACH, FL 33060
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			<u> </u>
Remove			
6) Change			_
Add			
Remove			

Attach additional sheets, if necessary).	. (Be specific)
	The state of the s
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 wildocument's effective date on the Department of State's records.	fill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
Dated11115119	
Signature Jula My // MC	
(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)	
GUILHERHE F DE PAOLA	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	