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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RAYMAT'S AL	JTO SALES INC			
DOCUMENT NUMBER: P19000078299				
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this man	tter to the following:			
LAZARO J RAYMAT				
	Name of Contact Person			
RAYMAT'S AUTO SALES INC				
	Firm/ Company			
12951 PORT SAID RE	D BAY 4			
Address				
OPA LOCKA, FL 33054				
	City/ State and Zip Code			
RAYMAT.LAZARO@GMAI	II COM			
	ed for future annual report notification)			
For further information concerning this matter, pleas	se call:			
LAZARO J RAYMAT	at (305) 244 8361			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

RAYMAT'S AUTO SALES INC

(Name of Corporatio	n as currently fil	ed with the Florid	da Dept. of State)		
P19000078299					
(Docume	ent Number of Co	rporation (if know	n)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flor	rida Profit Corpor	ation adopts the fo	llowing amendme	ent(s) to
A. If amending name, enter the new name of the con	rporation:				
				The new	,
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A pr	pany," or "incorpe ofessional corpor	orated" or the abbration name must (contation "Corp.," contain the word	1
B. Enter new principal office address, if applicable:			-		• • •
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>) _		_	· · · · · ·	ers.
				0	,
	-				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N)			# 2 N	
	-			רדן	ı
	_				
	_				
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		in Florida, enter	the name of the		
Name of New Registered Agent					
	(Florida street a	ddress)			
New Registered Office Address:		_	, Florida		
	(Ciņ	9		(Zip Code)	
New Registered Agent's Signature, if changing Regis	stered Avent:				
l hereby accept the appointment as registered agent. I	am familiar with	and accept the obl	ligations of the pos	ition.	
Signal	ture of New Regist	tered Agent, if cha	nging		

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: 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>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	LAZARO J RAYMAT	1356 W 76TH ST	
X Add			HIALEAH, FL 33010	
Remove				
2) Change	VP	EVELIO LORENZO	1356 W 76TH ST	
X Add			HIALEAH, FL 33010	
Remove Change				
Add				
Remove			 -	
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	 -			
Add				
Remove				
		Page 2 of 4		
E. <u>If amending or addi</u> (Attach <i>additional sh</i>	ing additi eets, if ned	ional Articles, enter change(s) here: cessary). (Be specific)		

date this document was signed.	Page 3 of 4	, if other than th
The date of each amendment(s) adoption:		, if other than th
	Page 3 of 4	
(if not applicable, indicate N/A)		
provisions for implementing the amend	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:	
		
	····	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were		The number of votes cast for the amendment(s)
		through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was	/were sufficient for approval
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of direc	tors without shareholder action and shareholder
☑ The amendment(s) was/were a action was not required.	dopted by the incorporators	without shareholder action and shareholder
Dated 12/30/2	2019	
Signature	Laz	garo Raymat officer – if directors or officers have not been
select		n the hands of a receiver, trustee, or other court
	LAZARO J RAYMA	Т
	(Typed or prin	ted name of person signing)
	President	
	(Title of person signing)	