## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ONELIO STORAGE CORP.

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July 21, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ONELIO STORAGE CORP. 11258 SW 6ST. MIAMI, PL 33174U8

SUBJECT: ONELIO STORAGE CORP.

REF: P19000082997

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please dall (850) 245-6050.

Irene Albritton Regulatory Specialist II PAX Aud. #: H20000234425 Letter Number: 020A00013714

P.O BOX 6327 - Tallahassee, Florida 32314

H200002344253

## Articles of Amendment to Articles of Incorporation of

ONELIO STORAGE CORP.

2020 JT 23 AH 7:53

(Name of Corpo	ration as currently filed with the Florida D	ept. of State)
	P19000082997	_
(Do	ocument Number of Corporation (if known)	
ersuant to the provisions of section 607.1006, Flat Articles of Incorporation:	orida Statutes, this Florida Profit Corporation	adopts the following amendment(
If amending name, enter the new name of the	he corporation:	
ONELIO'S AU	TO SALES CORPORATION # 2	The new
nme must be distinguishable and contain the word fnc.," or Co.," or the designation "Corp," " chartered," "professional association," or the a	Inc," or "Co . A projessional corporation	ed" or the abbreviation "Corp.," n name must contain the word
Enter new principal office address, if application of the principal office address MUST BE A STREET	cable: ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC)	E BOX)	
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	•	
	·	
. If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address in Florida, enter the ered office address:	name of the
new registered agent and/or the new regist	gistered office address in florida, enter the ered office address:	
new registered agent and/or the new regist	ered office address:	
new registered agent and/or the new regist	ered office address:	
new registered agent and/or the new regist  Name of New Registered Agent	ered office address:	
new registered agent and/or the new regist	ered office address:	
new registered agent and/or the new regist  Name of New Registered Agent	ered office address:  (Florida street address)	, Florida
Name of New Registered Agent  New Registered Office Address:	(Florida street address)  (City)	, Florida
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	(Florida street address)  (City)	, Florida(Zip Code)
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	(Florida street address)  (City)	, Florida(Zip Code)
Name of New Registered Agent	(Florida street address)  (City)	, Florida(Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amenting Que 23 fficers 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: John Doc X Change PΥ Mike Jones V X Remove Sally Smith SV X Add <u>Address</u> Name Type of Action Title (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 3) \_\_\_\_ Change Add Remove 4) Change \_\_ Add \_ Remove 5) \_\_\_\_ Change \_\_ Add \_ Remove

6) \_\_\_\_ Change

Add

Remove

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provisions for implementing the at	xchauge, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
If an amendment provides for an exprovisions for implementing the au (if not applicable, indicate N/A)	mendment if not contained in the amendment reserve
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	07/20/2020	if other than the
The date 12000823144255ent(s) ad	option:	
date this document was signed.		
Effective date if applicable:		- Cl. total
	(no more than 90 days after amendmen	it file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing researtment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
must be separately provided for	roved by the shareholders through voting groups. I each voting group entitled to vote separately on the	· warehamon (o)
"The number of votes cast	for the amendment(s) was/were sufficient for appro	val .
by		77 
	(voting group)	
07 <i>/</i> 20/2020		
Dated	1.	
selecte	irector, president or other officer – if directors or of d, by an incorporator – if in the hands of a receiver, ted fiduciary by that fiduciary)	ficers have not been trustee, or other court
	ONELIO ROSELL	
	(Typed or printed name of person signif	ng)
	President	
	(Title of person signing)	