## P19000087456

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>#</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	NCE AUTO SALES COR	P
DOCUMENT NUME	P190000087456 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	GUSTAVO A MO	RON CHAVEZ	
		Name of Contact Persor	1
	17400 NW 68TH AVE UNI	Firm/ Company Γ 307	
	HIALEAH, FL 33015	Address	
		City/ State and Zip Code	2
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
GOSTAVO	HORON	at ( 305	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to
Articles of Incorporation

to

of

PRO CARS FINANCE AUTO SALES CORP	2.23.
(Name of Corporation P19000087456	as currently filed with the Florida Dept. of State)
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corp	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ol>	
	nce address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligations of the position.
Signatu	we of New Registered Agent, if changing
Check if applicable	

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

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 PT John Doe X Remove V Mike Jones X Add SVSally Smith Type of Action Title Name Address (Check One) 17400 NW 68TH AVE UNIT 307 MORON CHAVEZ, GUSTAVO A 1) \_\_\_\_ Change HIALEAH, FL 33015 \_\_\_\_ Add 5837 DAWSON STREET \_\_ Remove MUNOZ SEGURA, YONATHAN J HOLLYWOOD, FL 33023 VΡ 2) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_ Add \_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove

	additional Artics, if necessary).	(Be specific)				
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f an amendment provi	ides for an exch	ange, reclassific	ation, or cancella	ition of issued s	hares,	
provisions for implem	tenting the ame	<u>ndment if not co</u>	ontained in the ar	<u>nendment itself</u>	ī. <u>:</u>	
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06/102020.

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 06/10/2020.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, th document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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 ALL	
by	
06/10/2020	
Signature  (By a director, president or other officer – if directors or officers have not be	neen
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	