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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: FLORIDA FLEET	WHOLESALE INC	
DOCUMENT NU	MBER: P20000000155		
	es of Amendment and fee are su	ebmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	ANTRIANNA HOLLEY		
		Name of Contact Person	1
	FLORIDA FLEET WHOLES	SALE INC	
		Firm/ Company	
	1260 S RONALD REAGAN	• •	
		Address	
	LONGWOOD FL 32750		
		City/ State and Zip Cod	٥
	FLFLEETWHOLESALE@C	GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, plea		960-9156) de & Daytime Telephone Number
Nan	e of Contact Person	Area Co	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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA FLEET WHOLESALE INC.

FLORIDA FLEET WHOLESALE INC	_		
(Name of Corporation as curre	ntly filed with the Florida Dept. of	State)	
P20000000155			
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopt	s the following amend	dment(s) to
A. If amending name, enter the new name of the corporation:			
Not Applicable		The	nese
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.2"	A professional corporation name	he abbreviation "Cor must contain the w	p'' vord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Not Applicable		
			_
		- 22	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	r Not Applicable	YAH IS	, ecres
		- J	residence Ti
		3	
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D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre			
Name of New Registered Agent Not Applicable			
(Florida	street address)		
New Registered Office Address:	Flo	orida	
New regime of the control of the con	(City)		_
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of	the position.	
Signature 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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	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	LOSHALONDLYN L. WILLIAMS	1260 S RONALD REAGAN BLVI
Add			LONGWOOD FL 32750
Remove 2) Change	Р	ANTRINANNA HOLLEY	1260 S RONALD REAGAN BLV
XAdd			LONGWOOD FL 32750
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amendi</u> (Attach <i>ad</i>	ng or adding addi ditional sheets, if n	itional Articles, enter (ecessary). (Be specif	change(s) here: %c)		
(NIA				
	_N/#				
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		•			
					
If an ame	ndment provides f	<u>for an exchange, recla</u>	ssification, or cance	llation of issued shar	es,
provision	<u>ns for implementir</u> ot applicable, indica	ng the amendment if n	ot contained in the	amendment itself:	
i	н аррисате, так	uie ivizi j			
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	03/30/2021		
The date of each amendment(s) date this document was signed.	adoption:		_, if other than th
Effective date <u>if applicable</u> :			
	(no more than 90 a	days after amendment file date)	
Note: If the date inserted in this document's effective date on the I		ole statutory filing requirements, this date will	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a action was not required.	dopted by the incorporators, or boa	ard of directors without shareholder action and	shareholder
☐ The amendment(s) was/were as by the shareholders was/were	•	number of votes cast for the amendment(s)	
must be separately provided fo	or each voting group entitled to vol	gh voting groups. The following statement te separately on the amendment(s):	
	st for the amendment(s) was/were	- ·	
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
Dated		<u></u>	
Signature	SA. SA.		_
select	director, president or other officer ted, by an incorporator – if in the h inted fiduciary by that fiduciary)	- if directors or officers have not been ands of a receiver, trustee, or other court	
	Antrianna Holley		
	(Typed or printed nar	me of person signing)	
	president		

(Title of person signing)