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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Miami Exotic Car Protection, INC.
DOCUMENT NUMBER:	P2000006605
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
	Azencleive M. DeSouza
	Name of Contact Person
	Xclusive Auto Care, INC.
	Firm/ Company
<del></del>	14159 Winding Cedar Way
	Address
	Fort Myers, FL 33913
	City/ State and Zip Code
	az_desouza@hotmail.com
E-mail add	ress: (to be used for future annual report notification)
For further information concerning this  Azencleive DeSouz	
Name of Contact Person	
	The disaste Baytime rereptione (vanise)
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
\$35 Filing Fee □\$43.75 Fi  Certificate	lling Fee & S43.75 Filing Fee & S52.50 Filing Fee e of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	The Centre of Tallahassee

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

<del></del>	r Protection, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P20000	006605	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
Xclusive Auto Care, INC.	The new	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany." or "incorporated" or the abbreviation "Corp.,"	
B. Enter new principal office address, if applicable:	Xclusive Auto Care, INC.	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	3112 Palm Ave Unit# 5	
	Fort Myers, FL 33901	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Xclusive Auto Care, INC.	
	14159 Winding Cedar Way	
	Fort Myers, FL 33913	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
(	City) (Zip Code)	
Now Designated Agent's Signature if shapping Designated Agent.		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the position.	
Signature of Van. D.	gistered Agent, if changing	
Signature of New Re	Kimerea Ageni, ij changing	
Check if annlicable		

☐ 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:

 $P = President; \ F = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	<b>f amending or adding additional</b> Attach <i>additional sheets, if necessa</i>	ry). – (Be spec	zifie)			
I an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)						
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The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effective date if applicable:	May 6, 2024	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements nent of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☑ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sharehol	lder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amerent for approval.	ndment(s)
☐ The amendment(s) was/were approve must he separately provided for each	d by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment	; statement (s):
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
DatedMay	6, 2024	
Signature	8	
selected, by	r_president or other officer – if directors or officers have no an incorporator – if in the hands of a receiver, trustee, or ot duciary by that fiduciary)	ot been her court
	Azencleive M. DeSouza	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	