<u></u>
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}





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NOT 1 4 2020

LALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corp	orations		•
NAME OF CORPO	RATION: YOUR AUTOMA	LL INC	
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROBERT CAMPBELL		
		Name of Contact Person	F
	YOUR AUTOMALL INC		
		Firm/ Company	
	1102 MASON AVE		
		Address	
	DAYTONA BEACH FL 321	17	
		City/ State and Zip Code	3.
	GACAMPBELL2020@ICLC	DUD COM	
	~	sed for future annual report	notification)
	,	•	·
For further informatio	n concerning this matter, pleas	se call:	
ROBERT CAMPBELL		at (³⁸⁶	317-1470
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & 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 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

Articles of Incorporation of

(Name of Corneration as currently	COLUMN TO THE PARTY OF THE PART	
(Name of Corporation as currents)	v filed with the Florida Dept. of State)	
OUR AUTOMALL INC P20000031081		
(Document Number of	f Corporation (if known)	
suant to the provisions of section 607.1006, Florida Statutes, this I	Florida Profit Corneration adopts the following among	dme
Articles of Incorporation:	toriaa Projii Corporation adopts die following afficie	diffe
If amending name, enter the new name of the corporation:		
	The	new
ne must be distinguishable and contain the word "corporation," "c.c.," or Co.," or the designation "Corp," "Inc," or "Co". A nartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corporation name must contain the w	p.," vord
Enter new principal office address, if applicable:		
incipal office address <u>MUST BE A STREET ADDRESS</u>)	101	
		_
		_
Enter new mailing address, if applicable:	<u>.</u> ,	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	_1	
		
		_
If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stre	zet address)	
(Florida stre New Registered Office Address:	eet address), Florida(Zip Code)	

[☐] 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	<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	VP	JAMMIE L CAMPBELL	23185 NANCY AVE
Add XXX Remove			PORT CHARLOTTE FL 33952
2) Change	VP	YVONNE CAM, PBELL	316 E MARTIN AVE
XXX			OAK HILL WV 25901
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary	rticles, enter change). (Be specific)			
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		- <u></u>		
	 			
			····	
				
		· · · · · · · · · · · · · · · · · · ·		<u> </u>
If an amendment provides for an e	<u>xchange, reclassifica</u>	tion, or cancellation	of issued shares,	
provisions for implementing the a (if not applicable, indicate N/A)	mendment if not con	itained in the amend	ment itself:	
(у ил арупсане, пассае та				
				
				
	· · · · · · · · · · · · · · · · · · ·			_ ·
		• •		
				

) adoption:	, if other than th
date this document was signed.	EPT 20, 2020	
Effective date if applicable:	Ef 1 20, 2020	
	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement of State's records.	airements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the an	
"The number of votes	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	Notest L- Cigall	
Signature	Nobest L- Consul	
(By	a director, president or other officer – if directors or office cted, by an incorporator – if in the hands of a receiver, truspinted fiduciary by that fiduciary)	
	ROBERT L CAMPBELL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	