## PZO 0000 34525

| (Re                     | questor's Name)                       |           |
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| PICK-UP                 | MAIT WAIT                             | MAIL      |
| (Bu                     | siness Entity Nan                     | ne)       |
|                         | cument Number)                        |           |
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| Certified Copies        | _ Certificates                        | of Status |
| Special Instructions to | Filing Officer:                       |           |
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## **COVER LETTER**

TO: Amendment-Section

| Division of Corporations  |   |
|---|---|
| NAME OF CORPORATION:OSm   | OLOGICAL AUTOMOTIVE, INC.   |
| DOCUMENT NUMBER: P200   | 000 34525   |
| The enclosed Articles of Amendment and fee are su   | ibmitted for filing.  |
| Please return all correspondence concerning this ma   | atter to the following:   |
| 1843 To<br>VENICE,  | Name of Contact Person  OP AUTO REPAIR  Firm/ Company  AMIAMI IZ  Address  FL 3423  City/ State and Zip Code  PSWY I. com  sed for future annual report notification) |
| For further information concerning this matter, please  | se call:  |
| JOSEPH KAMSAY   | at (941 ) 882-2202<br>Area Code & Daytime Telephone Number  |
| Name of Contact Person  Enclosed is a check for the following amount made  \$\sigma \text{S35 Filing Fee}  \text{S43.75 Filing Fee & Certificate of Status} | payable to the Florida Department of State:  ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327  | Street Address Amendment Section Division of Corporations The Centre of Tallahassee   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## **Articles of Amendment** Articles of Incorporation

|   | of O  |
|---|---|
| COSMOLOGICAL AUTO   | SMOTIVE, INC  |
| (Name of Corporation a  | s currently filed with the Florida Dept. of State)  |
| <i>P2</i> 0000  | 34826   |
|   | Number of Corporation (if known)  |
| ursuant to the provisions of section 607.1006, Florida Sta<br>s Articles of Incorporation:                        | tutes, this Florida Profit Corporation adopts the following amendment(s)  |
| . If amending name, enter the new name of the corpo   |   |
|   | ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A." |
| . Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )         | SS) FORT MYERS FL 33912   |
|   | FORT MYERS, FC 33912  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              | 1843 TAMIAMI TR S<br>VENICE, FL 34293   |
|   | VENICE, FL 34293  |
| . If amending the registered agent and/or registered onew registered agent and/or the new registered office       |   |
| Name of New Registered Agent  |   |
|   |   |
|   | (Florida street address)  |
| New Registered Office Address:  | , Florida<br>(City) (Zip Code)  |
|   |   |
| iew Registered Agent's Signature, if changing Register<br>hereby accept the appointment as registered agent. I am | red Agent: W/A  i familiar with and accept the obligations of the position.   |
|   |   |
| Signature   | e of New Registered Agent, if changing  |
| D.g. allows   |   |

Check if applicable

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

| (Attach additional she Please note the office P = President; V = V Executive Officer; CF President, Treasurer, Changes should be not a change, Mike Jones Mike Jones, V as Rem | eets, if necess r/director title ice President TO = Chief Fi Director wou oted in the fole teaves the co | ary)  e by the first letter of the of The of The of The Secre  nancial Officer. If an officely the officer of t | ffice title:<br>tary; D= Director; TR=<br>er/director holds more t | er/director being removed and title, name, and  Trustee; $C = Chairman \text{ or } Clerk; CEO = Chief$ than one title, list the first letter of each office held.  The PST and Mike Jones is listed as the V. There is  se should be noted as John Doe, PT as a Change, |
|--|--|--|--|---|
| Example:<br>XChange  | <u>PT</u>  | John Doe   |  |   |
| X Remove   | <u>v</u>   | Mike Jones   |  |   |
| X Add  | <u>sv</u>  | Sally Smith  |  |   |
| Type of Action<br>(Check One)  | <u>Title</u>   | <u>Name</u>  |  | <u>Addres</u> s   |
| 1) Change  | 1  | NATHALY  | RAMSAY   | 2658 N BISCAME DR   |
| <b>X</b> _Add  |  |  |  | Non Por F1 34791  |
| Remove   |  |  |  | 1 - 5/0/1   |
| 2) Change  |  |  |  |   |
| Add  |  |  |  |   |

Remove 3) \_\_\_\_ Change

\_\_\_\_ Add

4) \_\_\_\_ Change

\_\_\_\_ Add

5) \_\_\_\_ Change

\_\_\_\_ Add

6) \_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_ Remove

\_\_\_\_ Remove

\_\_\_\_ Remove

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| amending or adding additional Artitach additional sheets, if necessary). | (Be specific)                  | NA                         |
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| n amendment provides for an excha<br>ovisions for implementing the amen  | inge, reclassification, or can | cellation of issued shares |
| ovisions for implementing the amen (if not applicable, indicate N/A)     | dment if not contained in th   | e amendment itself: NA     |
|  |                                | 1                          |
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| The date of each amendment(s) adoption: \( \frac{1}{2020} \) date this document was signed.  | , if other than the |
|--|---------------------|
| Effective date if applicable: 8/1/2020   |                     |
| (no more than 90 days after amendment file date)   |                     |
|  |                     |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.                      | ot 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 and shareholder action was not required.  | areholder           |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |                     |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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  |                     |
| by   |                     |
| (voting group)   |                     |
| Dated  |                     |
| Signature  |                     |
| (By a director, president or other officer - if directors or officers have not been  |                     |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court  |                     |
| appointed fiduciary by that fiduciary)   |                     |
| RAMSAY   |                     |
| (Typed or printed name of person signing)  | <del></del>         |
| - PRESIVENT  |                     |
| (Title of person signing)  |                     |