## P20000046972

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: P20000046972		
DOCUMENT NUM	AP AUTO HOUSE INC	;	
	es of Amendment and fee are sub		
Please return all corr	respondence concerning this mat	ter to the following:	
	PEDRO P DE LA CRUZ VA	RELA	
		Name of Contact Person	1
		Firm/ Company	<del> </del>
	1970 NE 153RD STREET BA	AY #29	
	<del></del>	Address	
	NORTH MIAMI BEACH, FI	. 33162	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2
	E-mail address: (to be us	ed for future annual report	notification)
To a Complete to Company		11.	
For further informat	ion concerning this matter, pleas	e can:	
PEDRO P DE LA C	CRUZ VARELA	786at (	) 609-3980
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	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)	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		Amend Divisio T <b>he</b> Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2027 JUN-2 AM 10: 50

AP AUTO HOUSE INC

( <u>Name of Corporation as currently</u> P20000046972	filed with the Florida Deor Application of 1975	
P20000046972	Thea with the Florida Dept. of Start	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> ts Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	Thenew ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word	
3. Enter new principal office address, if applicable:	1970 NE 153RD STREET BAY 29	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	NORTH MIAMI BEACH, FL 33162	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	1970 NE 153RD STREET BAY 29	
	NORTH MIAMI BEACH, FL 33162	
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the	
(Florida stree	t address)	
New Registered Office Address:	. Florida	
	Ä(y) (Zip Code)	

## 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 Doc 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	NAPOLES ALMEIDA, ADOLFO	7831 NW 193 TERRACE
Add				HIALEAH, FL 33015
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				-
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				

E. <u>H</u>	f amending or adding additional Articles, enter change(s) here:
( A	Attach additional sheets, if necessary). (Be specific)
F. If	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
1	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

05/01/2021
The date of each amendment(s) adoption:
•
Effective date if applicable:
(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 not be listed as the document's effective date on the Department of State's records.
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.
☐ 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)
05/25/2021 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)
ADOLFO NAPOLES ALMEIDA
(Typed or printed name of person signing)
VP
(Title of person signing)