P20 0000 61350

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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: VIBEZ AUTOS IN	IC 	
DOCUMENT NUM	BER: P20000061350		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	BRITO, ANTONIO		
		Name of Contact Persor	1
	VIBEZ AUTOS INC		
		Firm/ Company	
	2349 ALIBABA AVE		
		Address	
	OPA LOCKA, FL 33054		
		City/ State and Zip Code	2
	vibezautos@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Antonio Brito		at (<u>754</u>	207-2087
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
	iling Address		Address ment Section
	endment Section vision of Corporations		ment Section on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

2020 NOV 12 PM 3: 05

VIBEZ AUTOS INC

Check if applicable

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

(Name of Corporation as current P20000061350	tly filed with the Florida Dept. of State) R Y OF STATE
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
na	The new
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.A.	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
D. Pater new principal office address if applicable.	na
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enternal mailing address if annicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	na
D. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent Antonio Brito	
2349 ALIBABA AVE	
(Florida st	reet address)
Opa Locka	33054
New Registered Office Address:	(City) (Zip Code)
	(a. p. a.
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
I hereby accept the appointment as registered agent 1 am familiar	with and accept the obligations of the position.
	Registered Agent, if changing

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)

Remove

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 Y Mike Jones <u>SV</u> X AddSally Smith Type of Action Title <u>Name</u> <u>Addres</u>s (Check One) 4025 SW 148 TERR BRITO, ANTONIO J 1) ____ Change MIRAMAR, FL 3302 ____ Add Remove 4025 SW 148 TERR Brito, Antonio 2) ____ Change MIRAMAR, FL 33025 Add Remove 3) ____ Change ___ Add __ Remove 4) ____ Change ___ Add Remove 5) ____ Change ___ Add Remove 6) ____ Change Add

no regimenta agont de Officeli/Di	irector Detail need to be con	rrected. The correct full	name, first name Antonio I.	ast name
ito			V/ - 2 T PARISE - 1 - 1 - 2 T	
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If an incompletion of the control of		. Maria and a second back	e	
If an amendment provides fo provisions for implementing	or an exchange, reclassificate the amendment if not co-	ation, or cancellation o utained in the amendm	issued shares, ent itself:	
(if not applicable, indicate	te N/4)			
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The date of each amendmen date this document was signe		_, if other than the
_	10/20/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and s	shareholder
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	/2020	
Dated		
Signature	Y Y Y Y Y Y Y Y Y Y	_
	by a director/president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
a	popointed fiduciary by that fiduciary)	
	Antonio Brito	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	