Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

3052201440

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email 1	Address:			
LINGLE	MAMICOS.	 	 	

COR AMND/RESTATE/CORRECT OR O/D RESIGN ARPITA MEGA AUTO PARTS INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

SEP 2 8 2021

S. PRATHER

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Articles of Amendment				
to Articles of Incorporation				
	of	AS	٥	
ARPITA MEGA AUTO PARTS INC	-	SEI RY	27	
	Corporation as currently filed with the Florida Dept. of State)		ユ	
(Name o)	Corporation as currently med with the violen good of a sure	<u> </u>		
P20000064730	(7)	- <u>≱</u> ≜-	<u></u>	
	(Document Number of Corporation (if known)	ĒΑ	ţ2	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit. Corporation adopts the following	amendme	nt(s) to	
A. If amending name, enter the new na	me of the corporation:			
		The new	,	
11. Estimational habita and contain	the word "corporation," "company," or "incorporated" or the abbreviation	", "Corp.,"	•	
"Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A projessional corporation name must contain	the word	!	
B. Enter new principal office address.	if applicable:			
(Principal office address MUST BE A S	TREET ADDRESS)			
		·		
C. Enter new mailing address, if appli	cable:			
(Mailing address MAY BE A POST	OFFICE BOX)			
D. If amending the registered agent as	ed/or registered office address in Florida, enter the name of the			
new registered agent and/or the new	w registered office address;			
ROBERTO ARPITA				
Name of New Registered Agent	3701 NW 32 AVE			
		•		
	(Florida street address) MIAMI 33142			
New Registered Office Address:	Florida	7- 1-1		
•	(City) (Zip C	.oae)		
New Registered Agent's Signature, if o	hanging Registered Agent: tered agent. I am samilia-with and accept the obligations of the position.			
I nereby accept the appointment as regis.	ereu ugeni. Tampamam melan utah sama sama			
		_		
	Signature of New Registered Agent, if changing	-		

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 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: XChange	PT	John Dos	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action	Title	<u>Name</u>	<u>Address</u> s
(Check One)	P	ROBERTO ARPITA	3701 NW 32 AVE
1) Change X Add			MIAMI FL 33142
Remove	P	DAURIS E VIDAL	121 E OKEECHOBEE RD APT 4
2) Change Add			HIALEAH FL 33010
X Remove	,		
Add ·			
Remove			
4) Change	 -		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			

'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)	tach additional sheets, if necessary).	(Be specific)				
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orgyisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	an amendment provides for an ex	change, reclassif	ication, or cance	llation of issued	shares.	
(if not applicable, indicate N/A)	provisions for implementing the an	nendment if not c	contained in the	amendment itse	<u>lf:</u>	
	(if not applicable, indicate N/A)					
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	09/22/2021	
The date of each amendment(s):	adoption:	, if other than the
date this document was signed.		
09	722/2021	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as action was not required.	lopted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were at by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	
must be separately provided fo	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): It for the amendment(s) was/were sufficient for approval	2021 SEP 27 SEURETARY TALLAHASSE
09/22/202 Dated		FILLED P 27 AM 9: 45 PARY OF STATE ASSEE, FLORIDA
select	director, president or other officer — if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	-
	DAURIS E VIDAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	