## P20 000083361

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June

## COVER LETTER

TO: Amendment Section

Division of Corporations\*

NAME OF CORPO	ORATION: Enhanced Auto In	c		
	MBER: P20000083361			
The enclosed Article	es of Amendment and fee are su	abmitted for fil	ing.	
Please return all corr	respondence concerning this ma	atter to the follo	owing:	
	John Czepiel			
		Name of C	ontact Perso	n
	Enhanced Auto Inc.			
		Firm/ (	Company	
	2067 Shouthpointe Dr			
	<del></del>	Ad	dress	
	Dunedin FL, 34698			
		City/ State	and Zip Cod	e
	enhancedautoofclearwater@g	gmail.com		
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further informati JOhn Czepiel	on concerning this matter, pleas		727	214 5224
·		at (	727	
Name	e of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the	Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified ( (Additional enclosed)	Copy Copy is	□\$52.50 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 to Articles of Incorporation of

Enhanced Hute		ntly filed with the Florida Dep	ot of State)
P260000833W		acty med with the Florida De	A. or State)
<u> </u>		of Corporation (if known)	<del>-</del>
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, th	is Florida Profit Corporation a	idopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation	" or the abbreviation "Coro "
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			2
			<u></u>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	50
(maining address SIMI DE AT UST	OTTICE BOX		
			——————————————————————————————————————
D. If amending the registered agent ar new registered agent and/or the new			me of the
Name of New Registered Agent	Tiana Walker		
	2067 Southpointe Dr	· · · · · · · · · · · · · · · · · · ·	
	(Florida s	street address)	<del></del>
New Registered Office Address:	Dunedin		, Florida 34698
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	<u>nt:</u>	
I hereby accept the appointment as regist	erea agent. I am familiar	with and accept the obligation	is of the position.
	ma Wal	bu_	
	Signature of New	Registered Avent if changing	

Check if applicable

☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Tiana Walker	2067 Southpointe Dr
Add			Dunedin FL 34698
X Remove			
2) Change	D, P	John Czepiel	2067 Souhpointe Dr
X Add			Dunedin FL 34698
Remove 3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			P-10-1
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

N/A	lditional sheets, if nece	essary). (Be spe	ecijic)			
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provision (if no	ns for implementing to ot applicable, indicate	N/A)				
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provision (if no	<u>ns for implementing t</u>	N/A)				

	11/10/2020		
The date of each amendment(s) adopt	tion:	<del></del>	, if other than the
date this document was signed.			
10/16/20 Effective date <u>if applicable:</u>	)20		
Enective date it applicable:	(no more than 90 c	days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this block document's effective date on the Depart	does not meet the applicab ment of State's records.	ole statutory filing requirements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	I by the incorporators, or boo	ard of directors without shareholder action and sha	areholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	l by the shareholders. The nient for approval.	number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each		gh voting groups. The following statement te separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were	sufficient for approval	
by		•	
	(voting group)	<del></del> ,	
11/10/2020			
Dated	<u> </u>		
Signature	11		
(By a directo	or, president or other officer	- if directors or officers have not been	
selected, by	an incorporator – if in the h	ands of a receiver, trustee, or other court	
appointed is	iduciary by that fiduciary)		
<u>J</u> ,	In James (29010)	me of person signing)	
	(Typed or printed nar	me of person signing)	
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	(Title of person signi	ng)	<del></del>