P20000088720

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(City/State/Zip/Phone #)	
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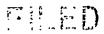
COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FADCA SALES &	INVESTMENT INC		
	BER: P20000088720			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	GLORIANA FARIA			
		Name of Contact Person	1	
	FADCA SALES & AUTO S	OLUTIONS INC		
		Firm/ Company		
	7858 NW 116 PL			
		Address		
	MEDLEY, FL 33178			
		City/ State and Zip Cod	2	
	INVERSIONESFADCA@H	OTMAIL.COM		
	_	sed for future annual report	notification)	
For further information	on concerning this matter, pleas		345-6491	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made			
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address	Street Address		
	endment Section		Iment Section	
	rision of Corporations	Division of Corporations		
· -), Box 6327 Inhaesee, EL 32314	The Centre of Tallahassee		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



FADCA SALES & INVESTMENT INC

(Name of Corporation	as currently filed with the Florida	Deptof State 3 Ail 7:51
P20000088720		
(Document	(Number of Corporation (if known)	TALLAMA OF GLATE
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corporation	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
FADCA SALES & AUTO SOLUTIONS INC		The new
name must be distinguishable and contain the word "corp "Inc" or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	r "Co". A professional corporati	ted" or the abbreviation "Corp.," on name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESSS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the ice address:	e name of the
Name of New Registered Agent		
	17 1	 _
	(Florida street address)	
New Registered Office Address:	(Ciţy)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: on familiar with and accept the oblig	ations of the position.
Signatu	re of New Registered Agent, if chang	ring
Check if applicable The amendment(s) is/are being filed pursuant to s. 60	7.0120 (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.

\underline{X} Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	Y	Mike Jo	ncs	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4)Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

		rv). (Be specific)				
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lf an amen	dment provides for an	exchange, reclassive amendment if not	fication, or cancella contained in the an	tion of issued share tendment itself:	<u>s.</u>	
lf an amen provisions (if not	dment provides for an for implementing the applicable, indicate N/A	exchange, reclassi amendment if not	fication, or cancella contained in the an	tion of issued share tendment itself:	<u>S</u> ,	
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The date of each amondment	08/14/2021 (s) adoption:	if other than the
date this document was signed		ii otter tight the
Effective date <u>if applicable</u> :	08/14/2021	
enective date <u>ii appricable</u> .	(no more than 90 days after amendment file o	late)
	his block does not meet the applicable statutory filing requirer ne Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without she	areholder action and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the are sufficient for approval.	amendment(s)
	e approved by the shareholders through voting groups. The fold d for each voting group entitled to vote separately on the amend	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by GLORIANA FAI	RIA	
· · ·	(voting group)	
08/14	2021	
Dated	<u> </u>	
sc	y a director, president or other officer – if directors or officers helected, by an incorporator – if in the hands of a receiver, trustee, pointed fiduciary by that fiduciary)	
	GLORIANA FARIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	