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(((H21000202188 3)))



H210002021883ABCY

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056

Phone : (954)842-2931

Fax Number

: (954)842-2936

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

Email Address:	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN PRIME VEHICLES SALES, INC.

Certificate of Status	0
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Page Count	06
Estimated Charge	\$35.00

R. WHITE MAY 2 - 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PRIME VEHICL	ES SALES, INC.
DOCUMENT NUMBER: P21000033438	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
EVALDAS, GINKUS	
PRIME VEHICLES SALES	Name of Contact Person
	Firm/ Company
18401 COLLINS AVE 1214	• •
	Address
SUNNY ISLES BEACH, FL	L 33160
	City/ State and Zip Code
a9548422931@gmail.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concurning this matter, plea-	sc call:
EVALDAS, GINKUS	
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\Bullet\$\$\tag{\text{\$\subset\$}\$\$\$\$\$\$\$\$\$ Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 Tallahussee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

Articles of Amendment (192) 20 11 9: 1/3

Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) 21000033438 (Document Number of Corporation (if known)	
(Document Number of Corporation (if known)	
irsuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following am e ndm Articles of Incorporation:	nt(s)
If amending name, enter the new name of the corporation:	
IKERA, INC.	
me must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp., nc.," ar Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name must contain the word hartered ""professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	
	
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address;	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	
(Cay) (Lip Code)	
(Florida street address) New Registered Office Address: Florida	

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 Fixecutive 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 Janes, V as Remove, and Sally Smith, SV as an Add Example:

X_Change	<u>PT</u>	Juhn Doe	
X Remove	У	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Tide	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
			
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an amendment provides for an excha rovisions for Implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or cancellat dment if not contained in the am	ion of issued shares, endment itself:	
,			
			
,			

The date of each amendment(s) date this document was signed.	adoption:	if other than the
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 I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
05/20/202 Dated	21 ·	
Signature	Glinkus Evaldas	
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 inted fiduciary by that fiduciary)	_
	EVALDAS, GINKUS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	