Division of Corporations Electronic Filing Cover Sheet

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.

(((H240003100673)))



H240003100673ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001

Fax Number : (786)410-6035

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

Email Address: CORPORATIONS@DCS-NETWORK.COM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MIDNIGHT MOTORS CORP

| The second secon | and the state of t |
|--|--|
| Certificate of Status  | 0  |
| Certified Copy   | 0  |
| Page Count   | 01   |
| Estimated Charge   | \$35.00  |

C9/20/21

Corporate Filing Menu

Help

Docusign Envelope ID: 0E76F27B-3EB7-4257-BFC8-0D800B6D85BC

## (H240003100673)

To: +18506176380

## **COVER LETTER**

| Division of Corpo  |   |  |  |  |
|--|---|--|--|--|
| NAME OF CORPOR   | RATION: MIDNIGHT MOT                        | ORS CORP   |  |  |
| DOCUMENT NUME  | D04000000000                                | ·  |  |  |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.  |  |  |
| Please return all corres   | pondence concerning this ma                 | itter to the following:  |  |  |
|  | DANIELA MONSALVE                            |  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·       | Name of Contact Perso  | π  |  |
|  | DEALER CONSULTING S                         | ERVICES INC  |  |  |
| •  |   | Firm/ Company  |  |  |
|  | 7537 NW 7TH AVE                             |  |  |  |
|  |   | Address  |  |  |
|  | MIAMI, FLORIDA 33150                        |  |  |  |
|  |   | City/ State and Zip Coo  | de   |  |
|  | CORPORATIONS@DCS-                           | NETWORK.COM  |  |  |
| •  |   | sed for future annual repor  | t notification)  |  |
|  |   |  |  |  |
| For further information  | concerning this matter, plea                | se call:   |  |  |
| DANIELA MONSAL   | VE .  | at ( <u>30</u> 5   | 758-9001   |  |
| Name o   | f Contact Person                            | Area Co  | ode & Daytime Telephone Number   |  |
| Enclosed is a check for  | the following amount made                   | payable to the Florida Dep   | partment of State:   |  |
| S35 Filing Fee   | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed)  | ☐\$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 |  |  |

Docusign Envelope IO: 0E75F278-3E87-4257-8FC5-DD80DB8D858C

From: +17864106035 (DCS)

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

(HZ40003100673)

Articles of Amendment to Articles of Incorporation of

| MIDNIGHT MOTORS CORP   |  |                                       |
|--|--|---------------------------------------|
| (Name of Corporation as currently  | filed with the Florida Dept. of State)   | <del></del>                           |
| P21000036339   |  |                                       |
| (Document Number of  | Corporation (if known)   | · · · · · · · · · · · · · · · · · · · |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:   | orida Profit Corporation adopts the following  | g amendment(s) to                     |
| A. If amending name, enter the new name of the corporation;  |  |                                       |
|  |  | The new                               |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A." | mpany," or "incorporated" or the abbreviation professional corporation name must contain | in "Corp.," 1 the word                |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |  |                                       |
|  |  |                                       |
| C. Enter new mailing address, if applicable:   | .:   | •••                                   |
| (Mailing address MAY BE A POST OFFICE BOX)   | 5  | · ·                                   |
|  | XX<br>SX   | , .3 .                                |
|  | \$ 50 m  |                                       |
|  |  | <del>-</del>                          |
| D. If amending the registered agent and/or registered office address:<br>new registered agent and/or the new registered office address:  | ss in Florida, enter the name of the   | 29                                    |
| Name of New Registered Agent   |  |                                       |
|  |  |                                       |
| (Florida stree   | t address)   | '                                     |
| New Registered Office Address:   | , Florida  |                                       |
| (0   | City) (Zip C   | 'ode)                                 |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with   |  |                                       |
| Signature of New Reg   | istered Agent, if changing   |                                       |
| Check if applicable  |  |                                       |

Docusign Envelope ID: 0E76F27B-3EB7-4257-BFC8-DD80D86D858C

## (4240003100673)

To: +18506176380

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                      | <u>V</u>    | Mike Jones      |   |
| X Add                         | <u>\$Y</u>  | Sally Smith     |   |
| Type of Action<br>(Check One) | Title       | <u>Name</u>     | <u>Addres</u> s                         |
| l) Change                     | VP          | HUMBERTO LLANES | 5101 SW 116TH AVE                       |
| XX Add                        |             |                 | MIAMI, FLORIDA 33165                    |
| Remove                        |             |                 |   |
| 2) Change                     |             |                 |   |
| Add                           |             |                 |   |
| Remove Change                 |             |                 |   |
| Add                           |             |                 |   |
| Remove                        |             |                 |   |
| 4) Change                     |             |                 | 海鱼 一                                    |
| Add                           |             |                 | S S S A A A A A A A A A A A A A A A A A |
| Remove                        |             |                 | ST.                                     |
| 5) Change                     | <del></del> |                 | 29<br>JE                                |
| Add                           |             |                 |   |
| Remove                        |             |                 |   |
| 6) Change                     |             |                 | <del></del>                             |
| Add                           |             |                 |   |
| Remove                        |             |                 |   |

Docusign Envelope (D: 0E75F278-3E87-4257-8FC8-DD80D86D85BC

From: +17864106035 (DCS)

(4240003100673)

| ttach additional sheet                       | s, if necessary).                     | (Be specific)                         |                   |                                       |               |                    |
|--|---------------------------------------|---------------------------------------|-------------------|---------------------------------------|---------------|--------------------|
|  |                                       |                                       |                   |                                       |               |                    |
|  |                                       |                                       |                   |                                       |               |                    |
|  |                                       |                                       |                   |                                       |               |                    |
|  |                                       |                                       |                   |                                       | -             | <del></del>        |
|  | <del></del>                           |                                       |                   | <del></del>                           |               | <del></del>        |
|  |                                       | <del> </del>                          | · <del></del> -   |                                       | <u></u>       |                    |
|  |                                       |                                       |                   |                                       |               |                    |
|  |                                       |                                       |                   | <del></del>                           |               |                    |
|  |                                       | <del> </del>                          | 4                 | . <u> </u>                            | ·             |                    |
| <u></u>                                      |                                       |                                       |                   |                                       |               |                    |
|  |                                       |                                       |                   |                                       |               | <del></del>        |
|  |                                       |                                       |                   |                                       |               | <b></b> 5          |
|  |                                       |                                       | <del>-</del>      |                                       | ::-           |                    |
|  |                                       |                                       |                   |                                       | 1 1           | <del>- / ( -</del> |
| <del></del>                                  |                                       |                                       |                   | <del></del>                           | 27.7 S        | <del>-::</del> -   |
| *      |                                       | ···                                   |                   |                                       | (h)           |                    |
|  |                                       |                                       |                   |                                       | û.∾<br>ELL    | <u> </u>           |
|  |                                       |                                       |                   | ····                                  | FAT           | 29                 |
|  |                                       |                                       | <del></del>       | . <u></u>                             |               |                    |
|  |                                       |                                       |                   |                                       |               |                    |
| an amendment prov                            | ides for an exch                      | ange, reclassificatio                 | n, or cancellatio | n of issued shares.                   | ı             |                    |
| provisions for implem<br>(if not applicable, | enting the ame                        | ndment if not conta                   | ined in the amer  | idment itself:                        |               |                    |
| G P  | · · · · · · · · · · · · · · · · · · · |                                       |                   |                                       |               |                    |
|  |                                       | · · · · · · · · · · · · · · · · · · · |                   |                                       |               |                    |
| <del> </del>                                 | <del></del>                           | <del> </del>                          |                   |                                       | <del></del>   |                    |
| ·········                                    |                                       | <del></del> -                         | <u> </u>          |                                       |               |                    |
|  |                                       |                                       |                   |                                       |               |                    |
|  |                                       |                                       | · · <u></u>       |                                       |               | <del></del>        |
|  |                                       |                                       |                   | · · · · · · · · · · · · · · · · · · · |               |                    |
|  |                                       |                                       |                   |                                       |               |                    |
|  |                                       |                                       |                   |                                       | . <del></del> |                    |

Э

Docusign Envelope ID: 0E76F27B-3EB7-4257-BFC8-0D800BGD85BC

| Isign Envelope ID: 0E76F27B-3EB7-4257-BFC8-00800B6085BC               |   | (H240003100673)       |   |               |               |
|---|---|-----------------------|---|---------------|---------------|
| The date of each amendment(s) date this document was signed.          | adoption:   |                       |   | , if o        | ther than the |
| Effective date if applicable:   |   |                       |   |               |               |
|   | (no more than 90 days after t   | amendment file date   | 2)  |               | <del></del>   |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutor<br>Department of State's records.   | y filing requiremen   | its, this date wi                         | ill not be    | listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                       |   |               |               |
| ■ The amendment(s) was/were ac action was not required.               | dopted by the incorporators, or board of direc  | ctors without shareh  | older action an                           | d shareho     | older         |
| ☐ The amendment(s) was/were as by the shareholders was/were           | dopted by the shareholders. The number of voufficient for approval.   | votes cast for the an | nendment(s)                               |               |               |
|   | oproved by the shareholders through voting gor each voting group entitled to vote separate  |                       |   |               |               |
| "The number of votes cas  | st for the amendment(s) was/were sufficient   | for approval          |   | r. 2          |               |
| by  | (voting group)  | <u>"</u>              |   | ,             |               |
|   |   |                       | 7. T. | 99            | • .           |
| 09/11/24<br>Dated   |   |                       | E A                                       | <u> </u>      | i .           |
| Signature   | Jeli Gilly  |                       | STAT<br>E. FL                             | AH 10: 2!     |               |
| (By a<br>select   | director, president or other officer – if direct<br>ed, by an incorporator – if in the hands of a manded fiduciary by that fiduciary) |                       |   | <del></del> 5 |               |
|   | LILIVET GONZALEZ  |                       |   |               |               |
|   | (Typed or printed name of person  | on signing)           |   |               |               |
|   | PRESIDENT   |                       |   |               |               |
|   | (Title of person signing)   |                       |   |               |               |