P21000045428

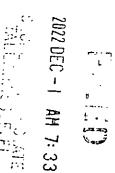
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ABC AUTO MAI	LL INC	
DOCUMENT NUM	D21000045420		· · · · · · · · · · · · · · · · · · ·
The enclosed Article	es of Amendment and fee are su	ıbmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	MATTHEW AZADI		
		Name of Contact Person	1
	ABC AUTO MALL INC		
		Firm/ Company	
	1000 W PEMBROKE ROAI	D SUITE 109	
		Address	
	HALLANDALE, FL 33009		
		City/ State and Zip Code	e
	mattazadi@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call: at (_954	278-0622
Name	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is 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	

Articles of Amendment to Articles of Incorporation of

2022 DEC -1 AM 7: 33

ABC AUTO MALL INC

			<u> </u>
(<u>Name</u>	of Corporation as currentl	y filed with the Florida Dept. of	State)
P21000045428			TALLIAN SSEE FITE
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	I professional corporation name	
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>		•	
			
C. Enter many modifies address if and	lamble.		
C. Enter new mailing address, if appl (Mailing address MAY RE A POST			
· · · · · · · · · · · · · · · · · · ·			
N. I.C			C.1
If amending the registered agent ar new registered agent and/or the new			<u>t the</u>
	MATTHEW AZADI		
Name of New Registered Agent			
	1000 W PEMBROKE ROA	AÐ SUITE 109	
	(Florida str	ect address)	
New Registered Office Address:	Hallandale	. Flo	orida 33009
		(City)	(Zip Code)
New Registered Agent's Signature, if c			
hereby accept the appointment as regist	iered agent. I am familiar w 1	with and accept the obligations of	the position.
		•	
-}	hwwy Signature of New Re	egistered Agent, if changing	<u></u>
• • • • • • • • • • • • • • • • • • • •	Signature of their At	America region, 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	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			

	r adding additional nal sheets, if necessar	ry). (Be specific)			
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an amendme	ent provides for an e implementing the a	exchange, reclassif	ication, or cancel	lation of issued sha	ares,
if not apt)	olicable, indicate N/A)	contained in the a	menument itsen:	
()		•			
					
	-				
		<u> </u>			

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement. Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the a sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	. "	
	(voting group)	
Dated	1/22/22	
Signature	/ Mi mmin	
selec	director, president or other officer – if directors or officers hav ted, by an incorporator – if in the hands of a receiver, trustee, o inted fiduciary by that fiduciary)	
	MATTHEW AZADI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	