P21000051219

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ____AUTO CAR NEW CORP. DOCUMENT NUMBER: P21000051219 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JESSYCA L. CAPUNAY Name of Contact Person Firm/ Company 9000 ROYAL PALM BLVD E501 Address CORAL SPRINGS, FL 33065 City/ State and Zip Code jessicacapunay.a@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ELKIN J GUTIERREZ GIRALDO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

AUTO CAR NEW CORP.

(Name o	of Corporation as currently filed with th	e Florida Dept. of State)
P21000051219		
-, -, -, -, -, -, -, -, -, -, -, -, -, -	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	Corp," "Inc," or "Co". A professional	"incorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address,		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST		
	id/or registered office address in Florida	, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	ELKIN J GUTIERREZ GIRALDO	
	9000 ROYAL PALM BLVD #E501	
	(Florida street address)	,
Van Parintaged Office Address	CORAL SPRINGS	Florida 33065
New Registered Office Address:	(City)	(Zip Code)
	~ 3	
	// , ,	
New Registered Agent's Signature, if c	hanging Registered Agent. Tered agent. I am familiar with and accep	the obligations of the position
r nevery accept the appointment as regist	erea agent. Tam jamajar wan ana ajecep	The onegations of the position.
. /		1
γ	A WiEREZZ	7
	Signature of New Registered Age	h if changing
Check if applicable	'/ // '	င့်
The amendment(s) is/are being filed p	oursuart to s. 607.0120 (11) (e). F.S.	<u>57</u>

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	JESSYCA L CAPUNAY	9000 ROYAL PALM BEVD #E50
Add			CORAL SPRINGS, FL 33065
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding add (Attach additional sheets, if it	<u>itional Articles, enter cl</u> necessary) — (Be specific	hange(s) here:		
N/A	(•		
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				-
F. If an amendment provides	for an evolunce reclas	sification or cancellat	ion of issued shares	
provisions for implement	ing the amendment if no	ot contained in the am	endment itself:	
(if not applicable, indic	cate N/A)			
N/A				

	·-···			
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. .

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 date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by 2	9a21
(voling group))A21 E: 27
	S.
07/19/2021	
Dated	<u> </u>
Signature X A DA P = RETT	بب بب
(By a director, president or other officer – if girectors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ELKIN GUTIERREZ GIRALDO	
(Typed or printed name of person signing)	· · · · · ·
President	
(Title of person signing)	