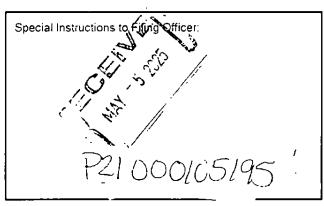
P21000105195

(Decuestade Name)				
(Requestor's Name)				
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(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EM AUTO SALES	S. INC			
DOCUMENT NUMI	BER: P21000105195				
	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ZULEIDY MARTINEZ PING	O			
		Name of Contact Person			
	Z MARTINEZ ACCOUNTING AND TAX SERVICES, CORP				
		Firm/ Company			
	9854 SW 8TH ST APT 104				
	Address				
	MIAMI, FL 33174				
		City/ State and Zip Code	:		
	zuleidymartinez2015@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
ZULEIDY MARTINEZ PINO		at (908-5586		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment Articles of Incorporation of

EM AUTO SALES, INC

FILED

(Name	of Corporation as current	ly filed with the Florida De	pt. of State)	
P 921000105195 NON APPLY		2025	HAY -5 P	M 12: 37
Pursuant to the provisions of section 607 its Articles of Incorporation:	(Document Number of 1006, Florida Statutes, this	of Corporation (if known) 🚉	vé Taurion	* a=
A. If amending name, enter the new n NON APPLY	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 professional corporation		
B. Enter new principal office address,	if annlicable:	NON APPLY		
(Principal office address MUST BE A S				14***
		 	· · · ·	
C. Enter new mailing address, if appl		NON APPLY		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		 	<u> </u>
D. If and describe a second and a second as	attua austriana di officio della	wann in Clauda, antay the ne	ama af tha	
D. If amending the registered agent an new registered agent and/or the ne			anie or the	
Name of New Registered Agent	ISMAEL GONZALEZ S	OTELO		
name of New Registeren ingem	2728 NW 27TH AVE	, <u> </u>		
	(Florida st	reet address)		
N. D. C. LOGS Allows	MIAMI		. Florida 33	142
New Registered Office Address:		(City)	_, rionda	(Zip Code)
New Registered Agent's Signature, if call the state of the the	hanging Registered Agent tered agent. I am familiar	t: with and accept the obligation	ons of the pos	ition.
	Ismael Gon	ralez Sotclo		
	Signature of New I	Registered Agent, 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)

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 Doc 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 Doc, 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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ISMAEL D. GONZALEZ GONZAL	2728 NW 27TH AVE
Add			MIAMI, FL 33142
X Remove			
2) Change	P	ISMAEL GONZALEZ SOTELO	2728 NW 27TH AVE
X Add			MIAMI, FL 33142
Remove Change			
Add			
Remove			2025 TAL
4) Change			
Add			-5 f
Remove			
5) Change			17ATE
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific) NON APPLY			
			
		<u></u>	2025
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		77 77	2
		T A	300
	··		·-··
an amendment provides for an exchange, reclassification, or cance rovisions for implementing the amendment if not contained in the	amendment itself:	ares,	
(if not applicable, indicate N/A)	amendment tisting		
NON APPLY			
· · · · · · · · · · · · · · · · · · ·			
		<u>. </u>	
		<u> </u>	

,

The date of each amendment date this document was signed		if other than the
_	April 29th, 2025	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	l shareholder
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Apr Dated	il 29th, 2025	
se	Tomael D. Conzalez Conzalez y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	_
	ISMAEL D. GONZALEZ GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
	SECHEL TALL	insert-

ECHAY -5 PM 12: 3