## P230000 18121

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRIDOM AUTOF	PARTS USA CORP			
DOCUMENT NUMB	ER: P23000018121				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	condence concerning this ma	tter to the following:			
	MANUEL PRADAS				
-		Name of Contact Persor	1		
	GAM SERVICES				
-		Firm/ Company	·		
	4334 MAHOGANY RIDGE	DR			
-	Address				
	WESTON, FL 33331				
<del>-</del>	<del>-</del> -:-	City/ State and Zip Code	e		
mp.ga:	mservices@gmail.com				
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MANUEL PRADAS		954 at (	6706423		
Name o	f Contact Person	Area Code & Daytime Telephone Num			
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			<u>Address</u>		
	idment Section	Amendment Section			
	ion of Corporations Box 6327		n of Corporations Building		
	hassee, FL 32314		xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TRIDOM AUTOPARTS USA CORP

(Name of Corporation as currently	v filed with the Florida Dept. of State)	
P23000018121		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new name of the corporation:		
TRIDON AUTOPARTS USA CORP		The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		iation "Corp.,"
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)		
D. If amending the registered agent and/or registered office address:		
Name of New Registered Agent		
(Florida stre	not subtraces	
	eer aaaress)	
New Registered Office Address:	, Florida	Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
Signature of New Re	egistered Agent, if changing	<del></del>
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 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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		<del> </del>	
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

	h additional sheets	s, if necessary).	(Be specific)				
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<b>c</b>							
i an nros	amendment provi visions for implem	<u>ides for an exch</u> Jenting the ame	<u>ange, reclassifica</u> udment if not con	<u>tion, or cancellati</u> tained in the ame	on of issued sha	res,	
,	(if not applicable, i	indicate N/A)	noment i not con	tanied in the ame	nument usen.		
				<u> </u>			

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 repartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were acaction was not required.	dopted by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	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 cas	et for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
03/11/203 Dated	3	
Signature	A Davie 2	_
(By a	director, president or other officer—If directors or officers have not been ted by an incorporator—if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	ANGEL GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	