193000030846

Office Use Only



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10/11/11--01003--006 **140.00

OCT 11 2011

EXAMINER



1000 Ponce de Leon Blvd. Suite: 101 Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

Examiner's Initials

CORPORATION NAME(S) & I	OOCUMENT NUMBER(S) (if known):
1. Venecubo	1 Auto Sales, INC
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
3	
(Corporation Name)	(Document #)
(Corporation Name)	(Document ≇)
Walk in Pick up t	ime Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
• ,	
OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement

Trademark

Other

Articles of Amendment to Articles of Incorporation of

VENEC	UBA AUTO SALES	, INC.	
(Name of Corporation as current	ntly filed with the Florids	a Dept. of State)	
	P93000030846		
(Document Num	ber of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida	orida Profit Corporation	adopts the following
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain the	<u> </u>		The new
abbreviation "Corp.," "Inc.," or Co.," or the coname must contain the word "chartered," "profess. B. Enter new principal office address, if application of the contains of the contains of the contains address. MUST BE A STREET Co. C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	designation "Corp," "Inc, essional association," or incable: TADDRESS) EBOX	." or "Co". A profession the abbreviation "P.A."	SECRETARY OF STAIL STAIL STAIL AND SECRETARY OF STAIL
D. If amending the registered agent and/or re new registered agent and/or the new regist		Florida, enter the name	of the
Name of New Registered Agent:			·
New Registered Office Address:	(Florida street ad	idress)	
_	(71)	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		nd accept the obligations o	of the position.

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>D</u>	OSMEL DIAZ	7920 W 18 CT. HIALEAH. FL 33014	☐ Add ☑ Remove
(attach a	dditional sheets, if necessary). ((Be specific)	
		· · · · · · · · · · · · · · · · · · ·	
E If on or	mandmont nyavidas San an ayaka	nuga madagaistantian an annadlation	of iround shows
<u>provisi</u>		inge, reclassification, or cancellation Iment if not contained in the amendm	
			4444
		·	

The date of each amendment	t(s) adoption: 10-05-2011
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_OCT	OBER 05, 2011
sele	a director, president or other officer – if directors or officers have not been ceted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	JOSE IGLESIAS
	(Typed or printed name of person signing)
	PSTD
	(Title of person signing)