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COVER LETTER

O: Amendment Section Division of Corporations

	RATION: TOP LINE AUTO		
DCUMENT NUM	BER: P95000028904		<u> </u>
e enclosed Articles	of Amendment and fee are su	bmitted for filing.	
ease return all corre	spondence concerning this ma	tter to the following:	
	Anthony J. Compagno		
		Name of Contact Persor	
	Palm Tree Auto Sales		
		Firm/ Company	
	6576 SE Federal Hwy		
		Address	
	Stuart, FL 34997		
		City/ State and Zip Code	2
O dese	40		
	treeautosales@gmail.com	sed for future annual report	ovillantion
	1man address, (10 be d	sed for factive annual report	indiredirent,
r further informatio	on concerning this matter, pleas	se call:	
nthony J. Compagn	O	561 at (
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
nclosed is a check fo	or the following amount made	payable to the Florida Depa	nrtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

OP LINE ATUO SALES, INC.

(Name)	of Corporation as currently	filed with the Florida Dept	. of State)
5000028904			
	(Document Number of	Corporation (if known)	
rsuant to the provisions of section 607. Articles of Incorporation:	.1006. Florida Statutes, this I	Storida Profit Corporation ad	lopts the following amendment(s)
If amending name, enter the new n	ame of the corporation:		
			The new
me must be distinguishable and contain ne.," or Co.," or the designation "C hartered," "professional association,"	${\it Corp}_i$," "Inc." or "Co". A	ompany," or "incorporated" professional corporation no	or the abbreviation "Corp.,"
Enter new principal office address.	if applicable:		
rincipal office address MUST BE A S			
Entor non-mailing address if anal	isablar		
Enter new mailing address, if appl (Mailing address MAY BE A POST			
	.		
If amending the registered agent ar	ıd/ar rogistorod affice addr	ose in Flavida, enter the nan	ne of the
new registered agent and/or the ne			ic or tile
Manager Manager Continues I to and	Anthony J. Compagno		
Name of New Registered Agent	6576 SE Federal Hwy		
	·		
	(Florida stre	er aaaress)	34997
New Registered Office Address:	Stuart		, Florida
	1	City)	(Zip Code)
Desintaned Anguel Simulation if a	handing Davistand Laure		
w Registered Agent's Signature, if c ereby accept the appointment as regist		ith and accept the obligation.	s of the position.
. , , , ,		, , ,	
	Signature of New Re	vistered Agent, if changing	

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and dress of each Officer and/or Director being added: ttach additional sheets, if necessary) ease note the officer/director title by the first letter of the office title: President, V - Vice President, T - Treasurer, S - Secretary, D - Director, TR - Trustee, C - Chairman or Clerk, CEO - Chief ecutive Officer; CFO – Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. exident, Treasurer, Director would be PTD. ranges 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 hange. Mike Jones leaves the corporation, Sally Smith is named the F and S. These should be noted as John Doe, PT as a Change, ke Jones, V as Remove, and Sally Smith, SV as an Add, ample: Change John Doe <u>PT</u> [Remove \underline{V} Mike Jones <u>[</u> Add <u>SV</u> Sally Smith <u>Addres</u>s rpe of Action <u>Title</u> <u>Name</u> heck One) STLisa A. Compagne 6576 SE Federal Hwy ___ Change Stuart FL 34997 ___ Add 6576 SE Federal Hwy Remove Stuart FL 34997 Christy L. Compagno Change _ Remove ____ Change ___ Add Remove ___ Change __ Add __ Remove __ Change __ Add Remove __ Change __ Add __ Remove Page 2 of 4 If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary).— (Be specific):

	
<u> </u>	<u>. </u>
	
(if not applicable, indicate N/A)	
Page 3 of 4	
Page 3 of 4	
Page 3 of 4 late of each amendment(s) adoption:	

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.

option of Amendment(s)

(CHECK ONE)

(Title of person signing)

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):

by	······································
	(voting group)
The amendment(s) was were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was were letion was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	1/25/2019
Signature	
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Anthony J. Compagno
	(Typed or printed name of person signing)
	President