P96000083937

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COVER LETTER

Division of Corporations NAME OF CORPORATION: EZ CARS, INC. DOCUMENT NUMBER: P96000083937 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YAŞAR SHEIKH Name of Contact Person EZ CARS, INC. Firm/ Company 1501 N PACE BLVD Address PENSACOLA, FL 32505 City/ State and Zip Code ezcarsinc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YASAR SHEIKH 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

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)



Articles of Amendment Articles of Incorporation $\sigma \mathbf{f}$



EZ CARS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000083937



ent(s) to

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Document Numbe	er of Corporation (if know	m)
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	, Florida Statutes, t	his Florida Profit Corpor	ration adopts the following amendment
A. If amending name, enter the new name of	of the corporation:		
N/A			71
name must be distinguishable and contain in "Corp." "Inc.," or Co.," or the designation word "chartered." "professional association.	"Corp." "Inc." o	r "Co" A professional	
R. Enter new principal office address if an	nlicable:	N/A	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		-	
C. Enter new mailing address, if applicable		N/A	
(Mailing address <u>MAY BE A POST OFF</u>)	ICE BOX)		
D. 16			
 If amending the registered agent and/or new registered agent and/or the new reg 			the name of the
N/A	 -		
Name of New Registered Agent			
	219 - 1	ı street address)	
5:/3		i street aaaress)	
Now Registered Office Address:		(City)	, Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if chang	ing Registered Ag	ent:	
I hereby accept the appointment as registered			oligations of the position.
	NIA		
	Signature of No	w Registered Agent, if ch	

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	
\underline{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	PS	IRFAN H SUKHERA	1501 N PACE BLVD
Add		x Mite	PENSACOLA, FL 32505
X Remove		7.13	
2) Change	PS	SARA MALIK	1501 N PACE BLVD
X Add		X: South pill	PENSACOLA, FL 32505
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			- <u></u>
6) Change			
Add			
Remove			

Attach additi	or adding additional ional sheets, if necessa	ry). (Be specific)	<u>re(s) neve</u> .		
			<u></u>		
	10/2				
				 	
			 	<u> </u>	
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<u> </u>				···	
			·-·	·	
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f an amendi	ment provides for an	ovehungo roclassifie	ation or cancellati	ion of iccuad chara	·
provisions (for implementing the	amendment if not co	ntained in the ame	ndment itself:	<u></u>
(ij not a	upplicable, indicate N/s	1)			
					
	N/H				
				- .	
					
			_	 	

	otion:	, 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 blocdocument's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date wirtment of State's records.	II not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	wed by the shareholders through voting groups. The following statement ch 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/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
JUNE 15. Dated	2017	
Signature X		
(By a dire selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Y	ASAR SHEIKH	
_	(Typed or printed name of person signing)	
R	EGISTERED AGENT AND VICE PRESIDENT	
	(Title of person signing)	