# P96000101527

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: All Motors, Inc. DOCUMENT NUMBER: P96000101527 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony Arroyo Name of Contact Person All Motors, Inc Firm/ Company 81 N. W. 22 Avenue Address Miami, Fl 33125 City/ State and Zip Code arroyo.anthony@ymail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 219-0923

Area Code & Daytime Telephone Number Anthony Arroyo Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed)

# **Mailing Address**

TO: Amendment Section

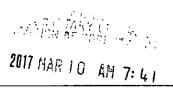
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

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

is enclosed)

# Articles of Amendment **Articles of Incorporation** of



All Motors, Inc.

( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)
P96000101527		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
	nation "Corp," "Inc," or	The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		81 N. W. 22nd Avenue
		Miami, FI 33125
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P. O. Box 654436
		Miami, Fl 33265
D. If amending the registered agent ar new registered agent and/or the ne		
Name of New Registered Agent	81 N. W. 22nd Avenue	
		treet address)
Non Designation of Control of the co	Miami	, Florida 33125
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: with and accept the obligations of the position.
	C: CM	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)

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	mith_	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add	-	_		
Remove				
3) Change				
Add				
Remove				
Kemove				
4) Change		<del></del>		
Add				
Remove				
5) (1)				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Ramova				

Attach <i>additie</i>	or adding additional onal sheets, if necessa	ry). (Be specific)	J			
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. <del></del>					VIII. 1	
		72 2 (2) 1/ 2				
f an amenda	nent provides for an or implementing the	exchange, reclassi	fication, or cance	llation of issued sl	nares,	
(if not a	pplicable, indicate N/r	1)	contained in the	amendment <u>Asen.</u>		
	· · · · - =			· · · · ·		
					<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.  March 6, 2017	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3 8 17 Signature Multing hung	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
Anthony Arroyo	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	· —————————