# P99000040207

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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## COVER LETTER

TO: Amendment Section Division of Corporations

# NAME OF CORPORATION: \_\_\_\_\_ BEST DEALS AUTO SALES & DETAILING, INC.

# DOCUMENT NUMBER: P99000040207

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIGITA PINTO

Name of Contact Person

10340 MAJESTIC CT

Address

Firm/ Company

PARKLAND, FL 33076

City/ State and Zip Code

brigitapinto@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tałlahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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	Articles of Amendment	
	to Articles of Incorporation	and the second sec
	of	2021 AUG 30 PH 6: 47
	ST DEALS AUTO SALES & DETAILING, INC	L.
( <u>Name of</u> (	Corporation as currently filed with the Florid P99000040207	a Dept. of State) OF STATE
	(Document Number of Corporation (if known	n)
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	06. Florida Statutes, this Florida Profit Corpora	ntion adopts the following amendme
A. If amending name, enter the new nam	e of the corporation:	
······································		The new
The, of Co., of the designation Cor "chartered," "professional association," of B. <u>Enter new principal office address, if</u> Principal office address <u>MUST BE A STR</u>	applicable:	
C. <u>Enter new mailing address, if applica</u> (Mailing address <u>MAY BE A POST OF</u>		
D. If amending the registered agent and/ new registered agent and/or the new r	for registered office address in Florida, enter 1 registered office address:	<u>the name of the</u>
		<u> </u>
<u>Name of New Registered Agent</u>		
<u>Name of New Registered Agent</u>	(Florida street address)	
	(Florida street address) (City)	, Florida (Zip Code)

Signature of New Registered Agent, if changing

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.

### Example:

<b>Example:</b> <u>X</u> Change	<u>T4</u>	John Doe	
<u>X</u> Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
L) Change	V	MOISES PHILIPP SOUZA	10340 MAJESTIC CT
Add			PARKLAND, FL 33076
X Remove			
2) Change			
Add			<u> </u>
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add Remove			
Kennove			

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	•	•	•		
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E. If amending or adding additional Articles, enter change(s) here:

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

\_\_\_\_\_

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The date of each amendment date this document was signed	
Effective date <u>if applicable</u> :	AUGUST 19, 2021
	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the he Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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- □ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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):

"The number of votes cast for the amendment(s) was/were sufficient for approval

•

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· · · · · · · · · · · · · · · · · · ·
(voting group)
AUGUST 19, 2021
Dated
Signature Brighta Richo
(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 courr appointed fiduciary by that fiduciary)
BRIGITA PINTO
(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



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FLORIDA DEPARTMENT OF STATE Division of Corporations

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September 13, 2021

BRIGITA A PINTO 10340 MAJESTIC CT PARKLAND, FL 33076 US

SUBJECT: BEST DEALS AUTO SALES & DETAILING, INC. Ref. Number: P99000040207

We have received your document for BEST DEALS AUTO SALES & DETAILING, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 721A00021955