## P99000056351

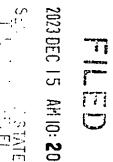
| (Re                     | equestor's Name)       |        |
|-------------------------|------------------------|--------|
|                         |                        |        |
| (A                      | ddress)                |        |
|                         |                        |        |
| (A                      | ddress)                |        |
|                         |                        |        |
| (C                      | ity/State/Zip/Phone #) |        |
|                         |                        |        |
| PICK-UP                 | ☐ WAIT                 | MAIL   |
|                         |                        |        |
| (Bi                     | usiness Entity Name)   |        |
| (5)                     | usiness Entity Name,   |        |
| (1)                     |                        |        |
| (De                     | ocument Number)        |        |
|                         |                        |        |
| Certified Copies        | _ Certificates of      | Status |
|                         |                        |        |
| Special Instructions to | Filing Officer:        |        |
|                         | -                      |        |
|                         |                        |        |
|                         |                        |        |
|                         |                        |        |
|                         |                        |        |
|                         |                        |        |
|                         |                        |        |
|                         |                        |        |





400420296904

12/15/23--01020--015 \*\*43.75





## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| NAME OF CORPORATION: Tom's Auto Options Inc.   |
| DOCUMENT NUMBER:   |
| The enclosed Articles of Amendment and fee are submitted for filing.                                       |
| Please return all correspondence concerning this matter to the following:                                  |
| Jenny Tulls Name of Contact Person   |
|  |
| Town And Ochors Firm/ Company  |
| 1367 NE Viole Rd   |
| Address  |
| City/ State and Zip Code   |
| E-mail address: (to be used for future annual report notification) name not desh                           |
| For further information concerning this matter, please call:   |
| Name of Contact Person at (363) 443 - 1335  Area Code & Daytime Telephone Number                           |
| Enclosed is a check for the following amount made payable to the Florida Department of State:              |
| \$35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is Certified Copy |

enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassec, FL 32303

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

| (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  (anticles of Incorporation:  (anticles of Incorporation adopts the its Anticles of Incorporation:  (anticles of Incorporation adopts the its Anticles of Incorporation of Incorporation (If known)  (anticles of Incorporation adopts the its Anticles of Incorporation (Incorporation adopts the Incorporation)  (anticles of Incorporation adopts the Incorporation (Incorporation adopts the Incorporation (Incorporation adopts the Incorporation (Incorporation adopts the Incorporation (Incorporation (Incorpora | ILED  |
|--|---|
| (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the staticles of Incorporation:  A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (C. A. If amending name, enter the new name of the corporation."  (C. A. If amending name, enter the new name of the corporation."  (C. A. If amending name, enter the new name of the new registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  (Florida street address)  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)   | te)   |
| (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the staticles of Incorporation:  A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (A. If amending name, enter the new name of the corporation:  (C. If amending name, enter the name of the corporation:  (C. If amending name, enter the name of the corporation:  (Mailing address MUST BE A STREET ADDRESS)  (Florida street address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  | C 15 AH 10: <b>2</b> 0                                  |
| A. If amending name, enter the new name of the corporation:  (antrol Florice Fulfilment Inc.)  Itame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  (City)  New Registered Agent's Signature, if changing Registered Agent:   |   |
| Central Flance Fulfill ment Inc.  In american must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Inc.," or "Co". A professional corporation name must be distinguishable association, "or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  (City)  New Registered Agent's Signature, if changing Registered Agent:   | e following amendment(                                  |
| **Chec.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name michartered," "professional association," or the abbreviation "P.A."  3. Enter new principal office address, if applicable:  **Principal office address MUST BE A STREET ADDRESS**  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  **Name of New Registered Agent**  New Registered Office Address:  **New Registered Office Address:**  **New Reg |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1367 NE VICE  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1367 NE VICE  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1367 NE VICE  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1367 NE VICE  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1367 NE VICE  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1367 NE VICE  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1367 NE VICE  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  (Five Registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address: (City)  New Registered Agent's Signature, if changing Registered Agent:   | The new<br>bbreviation "Corp.,"<br>ist contain the word |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  (City)  New Registered Agent's Signature, if changing Registered Agent:  | n Rd  |
| (Mailing address MAY BE A POST OFFICE BOX)    1367 NE VICE   Compared Compared Compared Post of the name of the new registered agent and/or the new registered office address:   Name of New Registered Agent   New Registered Office Address:   (Florida street address)  |   |
| new registered agent and/or the new registered office address:    Name of New Registered Agent   New Registered Agent   New Registered Office Address:   (City)  |   |
| (Florida street address)  New Registered Office Address: (City)  New Registered Agent's Signature, if changing Registered Agent:   | <u>e</u>  |
| New Registered Office Address:, Floridates, Floridates   |   |
| (City)  Sew Registered Agent's Signature, if changing Registered Agent:  |   |
| (City)  Sew Registered Agent's Signature, if changing Registered Agent:  |   |
|  | a(Zip Code)   |
| hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the  | position.   |
| Signature of New Registered Agent, if changing   |   |
| Signature of the Megistered rigent, if changing  |   |

☐ 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:

| X Change                      | $\overline{b.L}$ | John Do  | <u>oe</u>   |         |
|-------------------------------|------------------|----------|-------------|---------|
| X Remove                      | $\underline{Y}$  | Mike Jo  | nes         |         |
| <u>X</u> Add                  | <u>sv</u>        | Şally Şn | <u>nith</u> |         |
| Type of Action<br>(Check One) | <u>Title</u>     |          | Name        | Address |
| 1) Change                     |                  | _        |             |         |
| Add                           |                  |          |             | -       |
| Remove                        |                  |          |             |         |
| 2) Change                     |                  | -        |             |         |
| Add                           |                  |          |             |         |
| Remove 3) Change              |                  | _        |             |         |
| Add                           |                  |          |             |         |
| Remove                        |                  |          |             |         |
| 4) Change                     |                  | _        |             |         |
| Add                           |                  |          |             |         |
| Remove                        |                  |          |             |         |
| 5) Change                     |                  | _        |             |         |
| Add                           |                  |          |             |         |
| Remove                        |                  |          |             |         |
| 6) Change                     |                  | _        |             |         |
| Add                           |                  |          |             |         |
| Remove                        |                  |          |             |         |

| Attach additiona      | adding additional Ar<br>al sheets, if necessary). | (Be specific)       |                           |                      |               |
|-----------------------|---|---------------------|---------------------------|----------------------|---------------|
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           |                      | •             |
|                       |   |                     |                           |                      | <del>-</del>  |
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           | ·                    |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     | <del></del> -             |                      |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
|                       | _   |                     |                           | <del></del>          |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
|                       | <del>-</del>                                      |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           |                      | ·             |
|                       | <del>-</del>                                      |                     |                           |                      | - <del></del> |
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
| <del></del>           |   |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     | •                         |                      |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
| <u>f an ame</u> ndmen | t provides for an exc                             | hange, reclassifica | ition, or cancellatio     | on of issued shares, |               |
| provisions for it     | mplementing the am-                               | endment if not cor  | <u>stained in the ame</u> | ndment itself:       |               |
| (if not applie        | cable, indicate N/A)                              |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
|                       |   | <del></del>         |                           |                      |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     |                           |                      |               |
|                       |   |                     | <del></del>               |                      |               |
|                       |   |                     |                           |                      |               |
| _                     |   |                     |                           | <del></del>          |               |
| <del>-</del>          |   |                     |                           |                      |               |
|                       |   |                     |                           | . <u>.</u>           |               |
|                       |   |                     |                           |                      |               |

| The date of each amendment(s) a  | doption:   | , if other than the                               |
|--|--|---|
| date this document was signed.   |  |   |
| Effective date if applicable:  |  |   |
|  | (no more than 90 days after amendme  | nt file date)                                     |
| Note: If the date inserted in this bedocument's effective date on the De | clock does not meet the applicable statutory filing repartment of State's records.                                   | requirements, this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  | •   |
| The amendment(s) was/were add action was not required.                   | opted by the incorporators, or board of directors with   | nout shareholder action and shareholder           |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su       | opted by the shareholders. The number of votes casi officient for approval.  | t for the amendment(s)                            |
|  | proved by the shareholders through voting groups. It each voting group entitled to vote separately on the            |   |
| "The number of votes cast  | for the amendment(s) was/were sufficient for appro-  | val   |
| by   | (voting group)   | ·`  |
|  | (voting group)   |   |
| Dated 12   | - 11 - 23  |   |
| Signature  | Jenny Tull   |   |
| (By a d<br>selected  | ired for, president or other officer – if directors or off<br>d, by an incorporator – if in the hands of a receiver, | ricers have not been trustee, or other court      |
|  | ted fiduciary by that fiduciary)   |   |
|  | Jenny Tulls (Typed 6) printed name of person signin  | <del></del>                                       |
|  | (1 yped by printed name of person signin   | g)  |
|  | (Title of person signing)  |   |
|  | (Title of person signing)  |   |