## 116661

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AUTOBIZ INC		
DOCUMENT NUM	V16661		——————————————————————————————————————
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MIGUEL A RIOS		
		Name of Contact Person	1
	RIOS ENTERPRISES OF T	AMPA, CORP	
		Firm/ Company	
	1307 ANGLERS LANE		
		Address	<u> </u>
	LUTZ FL. 33548		
		City/ State and Zip Cod	e
	E-mail address: (to be u		
MIGUEL A RIOS		at (	de & Daytime Telephone Number
	of Contact Person or the following amount made		•
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation	on as currently filed with the Florida Dept. of State)
V16661	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:
RIOS ENTERPRISES OF TAMPA CORP	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADD</u>	RESS)
	M. C. M.
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	
). If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	. Florida
New Registerea Office Address:	(City) (Zip Code)
lew Registered Agent's Signature, if changing Regi	
hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.

## 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 <math>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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
_X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PRES	MIGUEL A RIOS, SR	1307 ANGLERS LANE
Add			LUTZ FL. 33548
Remove			
2) X Change	TRES	MYRNA C RIOS	1307 ANGLERS LANE
Add			LUTZ FL. 33548
Remove			
3) X Change	SEC	ARLENE R CREIGHTON	1307 ANGLERS LANE
Add			LUTZ FL. 33548
Remove			
4) X Change	VP	MIGUEL A RIOS, JR	1307 ANGLERS LANE
Add			LUTZ, FL. 33548
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del> </del>		
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)				
					<u> </u>
	<del></del>				
f an amendment provides for an exch provisions for implementing the amer	ange, reclassificat	ion, or cancellat	tion of issued s	hares.	
(if not applicable, indicate N/A)	idiaent ji not com	amed in the am	endingent tisen.	<b>.</b>	
		<del></del>	<del></del>		
				····	
			<u> </u>		
			. <u> </u>		

JUNE 21,2016 The date of each amendment(s) adoption: if other than the
the date of each amendment(s) adoption:, if other than the date this document was signed.
JUNE 1, 2016
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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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
by"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
JUNE 21,2016 Dated
Signature (By a prector, president or other officer – if directors or officers have not been
(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 court appointed fiduciary by that fiduciary)
MIGUEL A RIOS, SR
(Typed or printed name of person signing)
PRESIDENT & DIRECTOR
(Title of person signing)