## 130917

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

Office Use Only



100331594001

FILED

1519 AUG-2 PH 13 31

\*\* SECRETARY OF STATE
FALLAHASSEE, FLORIDA

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

1519

un (9 77) P SCHROEDER

## **COVER LETTER**

| TO: Amendment Section<br>Division of Corpora |  |   |   |
|--|--|---|---|
| NAME OF CORPORA                              | ATION: $\frac{183^{RD}}{\sqrt{30917}}$                       | TREET AUTO  | TAG AGENCY, INC.  |
|  | Amendment and fee are su                                     |   |   |
| Please return all correspo                   | ondence concerning this ma                                   | tter to the following:  |   |
|  | KEITH OI   | IVER  |   |
| -<br>-                                       | 183 RD STRI<br>804 NW 1                                      | Name of Contact Person EET Auto TAG  Firm/ Company 83 RD ST.  Address | AGENCY, INC.  |
| _  | MIAMI GAR  | OENS FL 33 City/ State and Zip Code                                   | 169   |
|  | 1021-16  | City/ State and Zip Cod   | c   |
|  |  | GMAIL. 60N  |   |
|  | is man didness, to be di                                     | sed for fatale annual report  | nonneation)   |
| For further information of                   | concerning this matter, pleas                                | se call:  |   |
| KEITH OIL                                    | IER  | 305   | 493 - 2295<br>de & Daytime Telephone Number                                 |
| Name of                                      | Contact Person   | Area Co   | de & Daytime Telephone Number   |
| Enclosed is a check for t                    | he following amount made                                     | payable to the Florida Depa   | artment of State:   |
| S35 Filing Fee                               | □\$43.75 Filing Fee & Certificate of Status                  | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    | Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Ameno<br>Divisio                             | ng Address<br>Iment Section<br>on of Corporations<br>ox 6327 | Amend<br>Divisio  | Address<br>Iment Section<br>in of Corporations<br>Building                  |

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

## Articles of Amendment

to

Articles of Incorporation

of

| 183RD STREET Auto TAG   | AGENCY INC.  |
|---|--|
| (Name of Corporation as currently file  | ed with the Florida Dept. of State)  |
| V30917  |  |
| (Document Number of Cor   | poration (if known)  |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:  | ida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new name of the corporation:   |  |
| N) CHANGE   | The new  |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co", word "chartered," "professional association," or the abbreviation "P.A.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | "company," or "incorporated" or the abbreviation  A professional corporation name must contain the |
| 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 new registered agent and/or the new registered office address:   | NO CHANGE  SECTION  IN SECTION  IN Florida, enter the name of the SSS                              |
| Name of New Registered Agent LINDA RIL  | IN ADDRESS SEA   |
| NS CHANCE (Florida street ac  New Registered Office Address: (City  | Hdress) S S S S S S S S S S S S S S S S S S  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with a Lindu Rillo  Signature of New Regist   |  |

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:<br>X Change          | <u>PT</u>       | John Doc       |                   |
|-------------------------------|-----------------|----------------|-------------------|
| X Remove                      | $\underline{V}$ | Mike Jones     |                   |
| <u>X</u> Add                  | <u>sv</u>       | Sally Smith    |                   |
| Type of Action<br>(Check One) | Title           | <u>Name</u>    | <u>Addres</u> s   |
| 1) Change                     | ρ               | EDWIN J. RILLO | 804 NW 183RD St.  |
| Add                           |                 |                | MIAMI, FL 33169   |
| _X_ Remove                    |                 |                |                   |
| 2) Change                     | _ f             | LINDA RILLO    | 804 NW 193 RD ST. |
| <u>X</u>                      |                 |                | MIAMI FL 33169    |
| Remove                        |                 |                | ,<br>             |
| 3 ) Change                    |                 |                |                   |
| Add                           |                 |                |                   |
| Remove                        |                 |                | SA N              |
| 4) Change                     |                 |                | P. P. C.          |
| Add                           |                 |                | : 3 <sub>1</sub>  |
| Remove                        |                 |                |                   |
| 5) Change                     |                 | <del></del>    | *                 |
| Add                           |                 |                |                   |
| Remove                        |                 |                |                   |
| 6) Change                     |                 |                |                   |
| Add                           |                 |                |                   |
| Remove                        |                 |                |                   |

| If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) |                   |              |   |
|---|-------------------|--------------|---|
| roacu adamonat sneets, ij necessary). (ne specific)   |                   |              |   |
|   |                   |              |   |
| -   |                   |              | — |
|   |                   |              |   |
|   |                   |              | _ |
|   |                   |              |   |
|   |                   |              |   |
| ·   |                   |              |   |
|   |                   |              |   |
|   |                   |              |   |
|   |                   |              |   |
|   | -                 |              | — |
|   |                   |              |   |
|   |                   |              | — |
|   |                   |              |   |
|   |                   |              | — |
|   |                   |              |   |
|   |                   |              | — |
|   |                   |              |   |
| <del></del>   | <u>-</u>          |              | _ |
|   |                   |              |   |
|   |                   |              |   |
|   |                   |              |   |
|   | <u>×</u>          | 19           |   |
|   | -6                |              |   |
|   |                   | aug          | - |
|   | <u> </u>          | <u> </u>     |   |
|   | šó≯<br>m∹         | Ŕ            | Γ |
|   |                   |              | Ť |
|   |                   | МЧ           |   |
|   | 0.7<br>1.8        | <del>~</del> | C |
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                           | F STATE<br>FLORID | ယ်           |   |
| provisions for implementing the amendment if not contained in the amendment itself:                                     | D.E               |              |   |
| (if not applicable, indicate N/A)   | •                 |              |   |
|   |                   |              |   |
|   |                   | _            |   |
|   |                   |              |   |
|   |                   |              |   |
|   |                   |              |   |
|   |                   |              |   |
|   |                   |              |   |
|   |                   |              |   |
|   |                   |              |   |
|   |                   |              |   |
|   |                   |              |   |
|   |                   |              | _ |
|   |                   |              |   |
|   |                   |              |   |

| The date of each amendment(s) adoption: _   | July                                       | 474                           | 2019  |                                  | , if othe  | r than the  |
|---|--|-------------------------------|---|----------------------------------|--|-------------|
| date this document was signed.  Effective date <u>if applicable</u> :   | July<br>July<br>Ino more than              |                               | 2019<br>r amendment fil                                     | e date)                          |  | <b>5</b>    |
| Note: If the date inserted in this block does document's effective date on the Department o   | not meet the appli                         |                               | v   |                                  | e will not be lis  | eted as the |
| Adoption of Amendment(s) (CI  | IECK ONE)                                  |                               |   |                                  |  |             |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for  | shareholders. Th                           | ne number of                  | votes east for t  | he amendment(s                   | )  |             |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting   | ne shareholders thi<br>g group entitled to | rough voting<br>o vote separa | groups. The fo  | dlowing statement<br>andment(s): | nt   |             |
| "The number of votes east for the ame   | ndment(s) was/we                           | ere sufficient                | for approval  |                                  |  |             |
| by  |  |                               |   |                                  |  |             |
| () (C   | ting group)                                |                               |   |                                  |  |             |
| ☐ The amendment(s) was/were adopted by the action was not required. ☐ The amendment(s) was/were adopted by the action was not required. ☐ Dated ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | incorporators with                         | icer – if dire                | older action and<br>ctors or officers<br>a receiver, truste | shareholder                      | 19 AUG -2 PH 14 3 L<br>SECRETARY OF STATE<br>ALLAHASSEE, FLOR D. | FILED       |
|   | (Typed or printed                          | -                             |   |                                  | <u>-</u> .   | _           |
|   | VICE PE                                    | RESIDE                        | NT  |                                  |  | _           |
|   |  | of person si                  |   |                                  |  | _           |