## P13000062441

(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	#)
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OCT 1 7 2016 C LEWIS

## COVER LETTER

Division of Corpor			
NAME OF CORPORA	ATION: A / A	AUTO TRA	NSMISSON/ENTE
DOCUMENT NUMBE	er: <i>P13 00</i>	006244	<i>41</i>
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
- - -	7700 NO Miami	Name of Contact Person  NSMISSON  Firm/ Company  Address  City/ State and Zip Code  A Mail  Sed for future annual report	33/47
For further information	concerning this matter, pleas		
	Contact Person	ch at 305	5) <u>218 - 3910</u> de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u>	ng Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Am to	LAND AND DARK OF STATE
Articles of Inco	rporation 可可以的可以的可以是有
AIA AUTO TRANSMISSION	Center Cory OCT 14 PH 2:2
(Name of Corneration as augmently	filed with the Florida Dept. of State)
P13000062	441
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	^
$\sim$	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co" or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
D. Patrician and advantage of the second sec	A) I A-
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Trincipal office mairess STOST BL A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith 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 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	Address
I) Change	P Juan N Parajon	2233 NW 77 /err
Add Remove		Miami FL 33147
2) Change	P ElENA Del Carmen	Larach
Add		330555W 115ct
Remove 3 ) Change	VP GEOVANNIBARAhoNA	Miami F/ 33/65
Add	VI OJEO VANDI ISONALIONI	2301 NW10 # AVE #308
Remove		MiamiFL 33127
4) Change		
Add		
Remove .		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding a (Attach additional sheets.	dditional Articles, enter chan if necessary). (Be specific)	ge(s) here:		•
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	$\mathcal{N}_{II}$			
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F. If an amendment provid	les for an exchange, reclassifi nting the amendment if not c	cation, or cancellation of	of issued shares,	
(if not applicable, in	ndicate N/A)	omanica in the amenan	icht fisch.	
	WIA			
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The date of each amendment(s) adoption:	10-5-2	016	if other than the
date this document was signed.	AtI		LURETMRY OF SUAL THE MODERN OF PROPERTY
Effective date if applicable:	(no more than 90 days a	2016	ar 2015 OCT 14 PM 2: 29
	(no more than 90 days a	fter amendment file d	arapulo uch 14 in 2.23
Note: If the date inserted in this block does document's effective date on the Department		tutory filing requirem	nents, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number approval.	of votes cast for the	amendment(s)
The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through vot ing group entitled to vote sep	ing groups. The follo arately on the amend	wing statement ment(s):
"The number of votes cast for the an	nendment(s) was/were suffici	ent for approval	
by			
6	voting group)		
The amendment(s) was/were adopted by the action was not required.	he board of directors without	shareholder action ar	nd shareholder
The amendment(s) was/were adopted by the action was not required.	he incorporators without shar	eholder action and sh	areholder
Dated 10-5-	2016		,
0.	STATE		2
Signature(By a director, <b>b</b>	resident or other officer – if o	lirectors or officers ha	ive not been
selected, by an in	ncorporator - if in the hands		
	ary by that fiduciary)	,	
ElE	TA Del Carm (Typed or printed name of	en Lar	ach.
	(Typed or printed name of	person signing)	
	Presiden		<u> </u>
	(Title of nerso	n sionino)	