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	Requestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: Ray's Tive & Service Center, Inc
DOCUMENT NUMBER: 6 01958
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Petty Automotive Services Inc. Firm/ Company H200 Creek Bluff Dr. Address St. Augustine FL 32086 City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
E. Dean Petty at (904) 814-2033 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

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Ray's Tice and Soc	Vice Confor Inc
(Name of Corporation as currently	filed with the Florids Dent of State).
601958	7: 03
	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: Pety Automotive name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany." or "incorporated" or the abbreviation "Corp."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	205 Water Way Suite #5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	St. Augustine FL 32086 4200 Creek Bluff Or. St. Augustine FL 32086
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent NA	
(Florida stree	. Florida
(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position. istered Agent, if changing
	merea agem, y enanging
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:

X Change	<u>PT</u>	<u>John Doe</u>					
X Remove	<u>V</u>	Mike Jones					
<u>X</u> Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title	<u>Name</u>				<u>Addres</u> s	
i) Change		_ NA	All	Stays	the	Same	
Add				'			
Remove							
2) Change							
Add							
Remove 3) Change							
Add							
Remove							
4) Change			<u>.</u>			<u> </u>	
Add							
Remove							
5) Change							
Add							
Remove							
δ) Change							
Add					<u></u>		
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an amendn	<u>ient provides f</u>	or a <u>n exchan</u>	ge, reclassifica	tion, or cancel	lation of issue	d shares,	
<u>rovisions fo</u>	<u>or implementir</u> pplicable, indica	ig the amendi	ment if not con	tained in the a	mendment its	<u>elf:</u>	
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The date of each amendment(s) adoption:date this document was signed.	1/13/2023	, if other than the
Effective date <u>if applicable</u> :	/31/2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirements State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the in action was not required.	ncorporators, or board of directors without sharehold	lder action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amer	ndment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The following group entitled to vote separately on the amendment	z statement (s):
"The number of votes east for the amend	lment(s) was/were sufficient for approval	
by		
(voling	ig group)	
Dated//3/.	2023	
Signature (By a director preside	ent or other difficer – if directors or officers have no	ot hann
selected, by an incorr appointed fiduciary b	porator – if in the hands of a receiver, trustee, or otl	her court
	E. Dean Petty yped or printed name of person signing)	
	President	
(T)	itle of person signing)	