K 51589

(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:
R. Douglas Garrison gave authority to correct date of adopt.
3/17
ac

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02/16/04--01063--006 **43.75

FILED
04 MAR 15 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVIE CHEVRON INC
(Name of Corporation)

DOCUMENT NUMBER: K51589

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. Douglas Garrison
(Name of Person)

Garrison Repair West, INC
(Name of Firm/Company)

5420 State Rd 84, Bays 7,8,9
(Address)

Davie, FL 33314-1232
(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Garrison (Name of Person) at (954) 587-5959 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $35.00 Filing Fee
- ☑ $43.75 Filing Fee & Certified Copy
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 19, 2004

GARRISON REPAIR WEST, INC.
% R. DOUGLAS GARRISON
5420 STATE ROAD 84, BAYS 7, 8, 9
DAVIE, FL 33314-1232

SUBJECT: DAVIE CHEVRON, INC.
Ref. Number: K51589

We have received your document for DAVIE CHEVRON, INC. and check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 104A00011496

RECEIVED
04 MAR 15 AM 9:08
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NAME CHANGE

DOCUMENT NUMBER: K51589

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERTA GARRISON
(Name of Person)

DAVIE CHEVRON, INC d/b/a GARRISON REPAIR WEST
(Name of Firm/ Company)

5420 STATE Rd 84, BAY 9
(Address)

DAVIE, FL 33314
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ROBERTA GARRISON at (954) 587-5959
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $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)

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

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
04 MAR 15 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

DAVIE CHEVRON, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

K51589
(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

GARRISON REPAIR WEST, INC
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 2/14/04

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was/were approved 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)

☐ 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.

Signed this 12 day of MARCH, 2004.

Signature Roberta Garrison, Secretary-Treas.
(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)

ROBERTA GARRISON
(Typed or printed name of person signing)

SECRETARY - TREASURE
(Title of person signing)

FILING FEE: $35