P09000082884

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COVER LETTER

TO: Amendment Section Division of Corporations JACKS TOOL SALES INC NAME OF CORPORATION: ___ P09000082884 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NIKO SCHLABACH Name of Contact Person Firm/ Company 2449 VALLEY SPRINGS PLACE Address JACKSONVILLE, FL 32246 City/ State and Zip Code niko.sehlabach@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (248) 200-9529

Area Code & Daytime Telephone Number NIKO SCHLABACH Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52,50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation of

JACKS TOOL SALES INC

(Name of	Corporation as curre	ntly filed with the Floric	ia Dept. of State)	<u> </u>
	P09000	0082884		
	(Document Number	r of Corporation (if know	n)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	nis Florida Profit Corpor	ation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name				
BIW AUTOMOTIVE SOLUTION, INC		 		The new
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	orp, " "Inc," or "Co".	A professional corport	orated" or the abbreviation name must con	ation "Corp.," tain the word
		N/A		
B. Enter new principal office address, if (Principal office address MUST BE A ST				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		2020 5
D. If amending the registered agent and new registered agent and/or the new			the name of the	9: 20
Name of New Registered Agent	N/A			_
-	(Florida	street address)		
New Registered Office Address:	N/A		. Florida	
iven register on office riamess.		(City)	(7.	ip Code)
		(City)	12	ip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Age red agent. I am familio	ent: ar with and accept the ob	ligations of the positio	n.
	Signature of New	v Registered Agent, if cha	nging	

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.

X Change	PT John I	<u>Doc</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sh	ling additional Articles leets, if necessary). (I	Be specific)	<u>.</u> .		
AME CHANGE ON	Y, NO OTHER CHAN	GES . EVERYTHIN	G ELSE REMAINS T	HE SAME	
					
				 	
<u> </u>				· · · · · · · · · · · · · · · · · · ·	
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			· · · · · · · · · · · · · · · · · · ·		
<u> </u>			<u> </u>		
			_ 		
If an amendment p	rovides for an exchang dementing the amends	ge, reclassification, o	r cancellation of issue	ed shares, self:	
(if not applicat	ble, indicate N/A)	icht 11 not contained	in the antenament it	<u> </u>	
/A					
					
	·	· · · · · · · · · · · · · · · · · · ·	 -	_	
				<u> </u>	
					

The date of each amendment() date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days afte	r amendment file date)
	is block does not meet the applicable statule. Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of di	rectors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wei	eadopted by the shareholders. The number of sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting for each voting group entitled to vote separ	g groups. The following statement ately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient	nt for approval
by		
	(voting group)	
Dated_09-04	-2020	
Signature	a director/president or other officer – it dire	
(By	a director/president or other officer – if director has been been a	ectors or officers have not been
	ected, by an incorporator – if in the hands of pointed fiduciary by that fiduciary)	a receiver, trustee, or other court
	NIKO SCHL	АВАСН
	(Typed or printed name of po	erson signing)
	PRESIDE	TV
	(Title of person signing)	