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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PROLINE TIRE I	NC		
	BER: P17000014372			
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	ELIZA CARVALHO			
		Name of Contact Person	1	
	CSG - CAPITAL SERVICES	S GROUP INC		
		Firm/ Company		
	446 W HILLSBORO BLVD			
		Address		
	DEERFIELD BEACH - FLO	ORIDA, 33441		
		City/ State and Zip Cod	e	
EL1Z	A@THEWAYGROUP.BIZ			
		sed for future annual report	notification)	
	,			
For further informatio	n concerning this matter, pleas	se call:		
ELIZA CARVALHO		054	427_4.77()	
	of Contact Person	at (de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
□ \$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		Street	Address	
	endment Section	Amend	Iment Section	
	ision of Corporations	Division of Corporations		
	, Box 6327 ahassee - FL 32314		Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17

PROLINE TIRE, INC	·
(Name of Corporation as curren	tty filed with the Florida Dept, of State)
P17000014372	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable;	1121 S MILITARY TRAIL #108
(Principal office address MUST BE A STREET ADDRESS)	DEERFIEL BEACH - FLORIDA - 33442
C. Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE ROX)	1121 S MILITARY TRAIL # 108
	DEERFIEL BEACH - FLORIDA - 33442
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre- Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Shinstone, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing

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 <math>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	PI	John Doc	
X Remove	¥	Mike Iones	
_X Add	<u>\$Y</u>	Selly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	DENISE REGINA ROSE OLGUINS	1121 S MILITARY TRAIL #108
x Add			DEERFIELD BEACH - FLORIDA
Remove			33442
2) X Change	P	RAFAEL S LOPES	1121 S MILITARY TRAIL #108
Add			DEERFIELD BEACH - FLORIDA
Remove			33442
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			· ·
Add			
Remove			
6) Change			·
Add			
Remove			

	neets, if necessary).	cles, enter change (Be specific)			
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	- 	 			<u>*</u>
					
	rroyldes for an exch	range, reclassificat	ion, or cancellation	on of issued shares idment itself:	.
provisions for im	plementing the sine ble, indicate N/A)				
provisions for im	ble, indicate N/A)			 · .	
provisions for imp	Nementing the sine bie, indicate N/A)				
provisions for imp	olementing the sine				
provisions for imp	olèmenting the sine				
provisions for imp	olèmenting the sine				
provisions for im	olèmenting the sine				

•	05/30/2017	
The date of each amendment(s) :		, if other than th
date this document was signed.		
	•	
Effective date <u>if applicable</u> :	(
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will be department of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were s	iopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were agminst be separately provided for	oproved by the shareholders through voting groups. The following statement we each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	at for the amendment(a) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
05/30/201	7	
Dated		
Signature		
	director, president or other officer - if directors or officers have not been	,
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	;
appoi	nted fiduciary by that fiduciary)	i
	RAFAEL S. LOPES	:
	(Typed or printed name of person signing)	;
	PRESIDENT	:
	(Title of assess signing)	