Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)5S2-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MPF TIRE SOLUTIONS INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

ALPHA Accounting

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Articles of Amendment to Articles of Incorporation

| | 01 | |
|--|--|-------|
| MPF TIRE SOLUTIONS INC | | |
| (Name of Cor | poration as currently filed with the Florida Dent of Stock | _ |
| P17000087148 | A STATE OF S | |
| (| (Document Number of Corporation (if known) risions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to poration: The new imputishable and contain the word "corporation," "company," or "incorporated" or the abbreviation or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation rume must contain the "professional association," or the abbreviation "P.A." Scinal office address, if applicable: Indicas MUST BE A STREET ADDRESS) The new incorporated office address in Florida, enter the name of the agent and/or registered office address in Florida, enter the name of the agent and/or the new registered office address: | |
| Pursuant to the provisions of section 607.1006, its Articles of Incorporation: | Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) | to |
| A. Mamending name, onter the new name of | the corporation: | |
| corp., Anc., or Co., or the designation | "Corp." "Inc," or "Co". A professional corporation rame must contain the or the abbreviation "P A" | |
| B. Enter new principal office address, if app | Hicable: → C. 35 | |
| (Principal office address MUST BE A STREE | | = 7 |
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| C. Fotov pour mailing address if and inchi- | | |
| (Mailing address MAV RE A POST OFFICE | T DOWN | Tar I |
| mining under 15 1511 DU A 7 VAT OFFI | | العيت |
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| | ——— <u> </u> | |
| | | |
| D. If amending the registered agent and/or ruew registered agent and/or the new regis | existered office address in Florida, enter the name of the stered office address: | |
| Name of New Registered Agent | | |
| | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | (Florida street address) | |
| New Registered Office Address | F1 * 1 | |
| at the property of the property case. | Arm . | |
| | (Usy) |) to |
| New Registered Agent's Signature, if changh I hereby accept the appointment as registered a | g Registered Agent: gent I am familiar with and accept the obligations of this position. | |
| | Signature of New Revistered Agent, if changing | |

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ALPHA Accounting

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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, lis' 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 Doe | |
|-------------------------------|--------------|---------------|------------------------|
| X Remove | Y | Mike Jones | |
| <u>X</u> Add | \$Y | Salty Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| l) Change | VP | MAIKEL PERERA | 4120 ORANGI: TREE CT |
| XAdd | | | SAINT CLOUD, FL ,34769 |
| Remove | | | |
| 2) Change | | _ | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
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| Attach additional sheets, if necessary). (Be specific) | |
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LAZARUS CORPORATE

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ALPHA Accounting

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