

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Ad                                     | ldress)            |           |  |  |
| (Ad                                     | ldress)            |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | isiness Entity Nam | ne)       |  |  |
| (Do                                     | ocument Number)    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
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MAY 13 2014

R. WHITE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: AAA ROADWA                          | Y COMPLETE AUTO  | REPAIR CENTER INC  |  |  |  |
|--|---|--|--|--|--|--|
| DOCUMENT NUMI  | D050000122                                  |  |  |  |  |  |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.  |  |  |  |  |
| Please return all corre  | spondence concerning this mat               | ter to the following:  |  |  |  |  |
|  | JEREMY MORGA                                | ADO  |  |  |  |  |
|  |   | Name of Contact Person   | 1  |  |  |  |
|  |   | Elect Comment  |  |  |  |  |
| •  | Firm/ Company 880 NW 1 AVE                  |  |  |  |  |  |
|  |   | Address  |  |  |  |  |
|  | BOCA RATON, F                               | L 33432  |  |  |  |  |
|  |   | City/ State and Zip Code   | e  |  |  |  |
| IN   | TERSTATEBOCA                                | @AOL.COM   |  |  |  |  |
|  |   | ed for future annual report  | notification)  |  |  |  |
| For further information  | n concerning this matter, pleas             | e call:  | ,  |  |  |  |
| JEREMY MORGADO   |   |  |  |  |  |  |
| Name of Contact Person Area Code & Daytime Telephone Num   |   |  | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department 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  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314 |   | Amend<br>Divisio<br>Clifton  | Address  Iment Section on of Corporations Building Executive Center Circle             |  |  |  |
|  | , - <del></del> -                           |  | assee, FL 32301  |  |  |  |

## Articles of Amendment to Articles of Incorporation

FILED 14 MAY -2 PM 12: 59

## AAA ROADWAY COMPLETE AUTO REPAIR CENTER INCHAIR CATE

| (Name of Corporation as currently file   | led with the Florida          | Dent of State)                                  | A Lindow             | E, FLORIDA     |
|--|-------------------------------|---|----------------------|----------------|
| P0500001321  | ied with the 1 torida         | Dept. of State)                                 | · ·                  | o i ii Diya    |
| (Document Number of  | Corporation (if know          | m)  |                      |                |
|  | •                             |   |                      |                |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:   | Statutes, this <i>Florida</i> | a Profit Corporation add                        | opts the following t | amendment(s) t |
| A. If amending name, enter the new name of the co  | rporation:                    |   |                      |                |
| ROADWAY COMPLETE AUTO F  | REPAIR INC                    | •   | 7                    | The new        |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation of the designatio | " "Inc," or "Co".             | ompany," or "incorpor<br>A professional corpora | rated" or the abb    | reviation      |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>   |                               |   |                      |                |
|  | <del></del>                   |   | <del> </del>         |                |
|  |                               |   |                      |                |
| C. Enter new mailing address, if applicable:   | <b>1</b> 21                   |   |                      |                |
| (Mailing address MAY BE A POST OFFICE BO)  | <u>~</u>                      |   | <del></del>          |                |
|  |                               |   | <del></del>          |                |
|  |                               |   |                      |                |
| D. If amending the registered agent and/or register  | ed office address in          | Florida, enter the nam                          | e of the             |                |
| new registered agent and/or the new registered   |                               | -   | <del></del>          |                |
| Name of New Registered Agent   |                               |   |                      |                |
|  |                               |   |                      |                |
|  | (Florida street add           | ress)   |                      |                |
| New Registered Office Address:   |                               | , Florida_                                      |                      | •              |
|  | (City)                        |   | (Zip Code)           |                |
|  |                               |   |                      |                |
| New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.  |                               | nd accept the obligations                       | of the position.     |                |
|  |                               | · · · · · · · · · · · · · · · · · · ·           |                      |                |
| Signature of Ne  | w 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 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>    | John Doe    |                 |
|----------------------------|--------------|-------------|-----------------|
| X Remove                   | <u>v</u>     | Mike Jones  |                 |
| X Add                      | <u>sv</u>    | Sally Smith |                 |
| Type of Action (Check One) | <u>Title</u> | Name        | <u>Addres</u> s |
| 1) Change                  |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 2) Change                  |              |             |                 |
| Add Add                    |              |             |                 |
| Remove                     |              |             |                 |
| 3) Change                  |              |             |                 |
| Add                        |              |             |                 |
|                            |              |             |                 |
| 4) Change                  |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 5) Change                  |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 6) Change                  |              |             |                 |
|                            |              |             |                 |
| Add                        |              |             | ·               |
| Remove                     |              |             |                 |

| rnach adamonal s  | lding additional Art<br>sheets, if necessary). | (Be specific)                           | <del></del>        |                    |      |
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| Fan amandmant     | provides for an excl                           | hanga vaalassifia                       | action or concelle | tion of issued she | ma.c |
| provisions for im | plementing the amo                             | endment if not co                       | ntained in the am  | endment itself:    | 165. |
| (if not applied   | able, indicate N/A)                            |   |                    |                    |      |
|                   |  |   |                    |                    |      |
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| The date of each amendment(s) addate this document was signed.     | option: 4/15/14   | , if other than the |
|--|---|---------------------|
| Effective date if applicable: 4/15                                 | 5/14  |                     |
|  | (no more than 90 days after amendment file date)  | _                   |
| Adoption of Amendment(s)   | (CHECK ONE)   |                     |
| The amendment(s) was/were adop<br>by the shareholders was/were suf | pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.   |                     |
|  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):   |                     |
| "The number of votes east f  | or the amendment(s) was/were sufficient for approval  |                     |
| by   | (voting group)  |                     |
|  | (voting group)  |                     |
| The amendment(s) was/were adoption was not required.               | pted by the board of directors without shareholder action and shareholder   |                     |
| The amendment(s) was/were adopaction was not required.             | pted by the incorporators without shareholder action and shareholder  |                     |
| Dated 4/29/201   | 4   |                     |
| Signature  | 11  |                     |
| (By a/di<br>selected   | Actor, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |                     |
| _  | Teremy Morgado (Typed or printed name of person signing)  |                     |
|  |   |                     |
|  | President   |                     |
| •  | (Title of person signing)   |                     |