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R. C....

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LA CEIBA	TIRE SHOP FLORIDA, CORP
DOCUMENT NUMBER: P1500039005	
The enclosed Articles of Amendment and fo	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
KATHY RIANO-LO	EZ, ESQ
	Name of Contact Person
RIANO & ASSOCIA	TES, LLC
	Firm/ Company
1001 IVES DAIRY R	OAD, STE. 206
	Address
MIAMI, FL 33179	
	City/ State and Zip Code
KATHY@RIANOLAW.CC	l DM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter	 r, please call:
KATHY RIANO-LOPEZ, ESQ	305 2049551
Name of Contact Person	Area Code & 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 F Certificate of S	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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LA CEIBA TIRE SHOP FLORIDA, CORP

SECRETARY OF STREET

(Name of	Corporation as currently	filed with the Florida Dept. of State)	
P1500039005	!		
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	 006, Florida Statutes, this <i>Fl</i> 	lorida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new nam	 ne of the corporation:		
N/A			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp." "Inc." or "Ce	o". A professional corporation name	the abbreviation
B. Enter new principal office address, if	 applicable:	N/A	
(Principal office address MUST BE A STI			
			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	
D. If amending the registered agent and/ new registered agent and/or the new t	or registered office addres	ss in Florida, enter the name of the	
	LIANO & ASSOCIATES, L	I.C	
	001 IVES DAIRY ROAD,	STE 206	
-	(Florida street	t address)	
N D I I O N I I	 IAM	31	179
New Registered Office Address:	(C	, Florida , Florida	(Zip Code)
New Registered Agent's Signature, if cha	nging Registered Agent:		
I hereby accept the appointment as register	ed agent. I am familiar wit	h and accept the obligations of the posi	tion.
Vall	Maus	14 Micro D Asso	ocictes, UC
	Signature of New Reg	istered Agent, if changing	

•				
address of each Officer (Attach additional sheets, Please note the officer/dit P = President; V= Vice , Executive Officer; CFO : held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example:	and/or D if necess rector titl President = Chief I r, Directe in the for eves the co	irector be ary) e by the firector from the firec	eing added: rst letter of the office title: surer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more le PTD. anner. Currently John Doe is listed as to Sally Smith is named the V and S. The. SV as an Add.	eer/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office he PST and Mike Jones is listed as the V. There is see should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do	I	
X Remove	<u>V</u>	Mike Jo	nes 	
X Add	<u>SV</u>	Sally Sn	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	Segovia Marquez, Jesus Alberto	2345 N.W. 36TH STREET
Add				MIAMI, FL 33142
X Remove			lı	
2) Change	VP		 Mora de Morales, Elba Maria	2345 N.W. 36TH STREET
X Add		_	1	MIAMI, FL 33142
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add			!	
Remove				
5) Change		_		
Add				
Remove				
6) Change		_	<u> </u>	
Add			1	

__ Remove

E. If amending or adding additional Arti	[] icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
	<u></u>
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	<u> </u>
	-
	<u> </u>
	Γ'

The date of each amendment(s) adoption	Hugust	24th	2.017	, if other than the
date this document was signed.				
Effective date if applicable:	Bust 24+	4, 20	17	
	(no more than 90) days after ame	endment file date)	
Note: If the date inserted in this block document's effective date on the Departme		able statutory f	iling requirements	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient		number of vote	s cast for the amer	ndment(s)
☐ The amendment(s) was/were approved by must be separately provided for each verified to the separately provided to the separate				
"The number of votes cast for the	 amendment(s) was/were 	e sufficient for a	approval	
by			. ,, ,	
	(voting group)			
☐ The amendment(s) was/were adopted by action was not required.	the board of directors	without shareho	older action and sh	archolder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators with	out shareholder	action and shareho	older
Dated August	24th, 201	7	00	
Signature	* and to	Hu	65	
	president or other other	or – if directors	or officers have n	ot been
	incorporator – if in the	hands of a rece	river, trustee, or ot	her court
appointed fidu	ciary by that fiduciary)			
RAUL	MORALES ACTING	FOR LA CEIBA	A TIRE SHOP, C.	A.
	(Typed or printed r	ame of person s	signing)	
PRESI	DENT 			
	(Title o	f person signing	g)	