J36902

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DEC 1 3 2018

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COVER LETTER

TO: Amendment Section

Division of Corporations

			PM	
NAME OF CORPO	DRATION: BROWARD A & S	M TIRE CO		
DOCUMENT NUM				
	es of Amendment and fee are su	bmitted for filing.	ALL HASSE	
Please return all corr	respondence concerning this ma	tter to the following:		
	EDMOND IORDANOV			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n	
	BROWARD A & M TIRE C	O		
		Firm/ Company		
	4241 N STATE RD 7			
		Address		
	HOLLYWOOD FL 33021			
		City/ State and Zip Cod	e	
AD	A@BRAVOACCOUNTING.C	OM		
			The contract of the contract o	
	E-mail address: (to be us	sed for future annual report	nouncation)	
For further informati	on concerning this matter, pleas	se call:		
EDMOND IORDANOV		954 a1 (240-9379	
Name	e of Contact Person		de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
	ailing Address		Address	
	mendment Section	Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BROWARD A & M TIRE CO

(Name)	of Corporation as currently	filed with the Florida Dept. of State	357. 0
J36902			200 B
	(Document Number of	Corporation (if known)	Car. 76
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	Torida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "C	o". A professional corporation name	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Muning quaress SIAT DE A 1 0.51	OTTICE BOX)	*-	
D. If amending the registered agent ar	id/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the ne-			
Name of New Registered Agent	EDMOND IORDANOV		
	4241 N STATE RD 7		
	(Florida stree	et address)	
New Registered Office Address:	HOLLYWOOD	. Florida	3021
Men Meginiera Ogiet Awaress.	(1)	City)	(Zip Code)
<u>New Registered Agent's Signature, if c</u> I hereby accept the appointment as regist		ith and accept the obligations of the po	sition.
. 1 11	· ·		
	(Junio	gistered Agent, if changing	
	- Algnature of New Re	gisi yy ca Ageni, ij enanging	

If antending 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 = Vicc 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)	Title	<u>Name</u>		<u>Addres</u> s
1) X Change	Р	EDMOND IORD	ANOV	4241 N STATE RD 7
Add				HOLLYWOOD FL 33021
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Kellove				
6) Change				
Add				
Remove				

	14-794	
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issification, or cancellati	on of issued shares	S.
not contained in the ame	ndment itself:	_
<u>C14</u>	f not contained in the ame	classification, or cancellation of issued shares if not contained in the amendment itself:

	12/01/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(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 department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(afficient for approval.	5)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
12/01/201	8	
Dated		
Cimmutura	hipector, president or other officer – if directors or officers have not been	
Signature	lifector, 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 cou	
appoir	nted fiduciary by that fiduciary)	
	EDMOND IORDANOV	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	