J45388

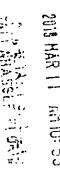
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COVER LETTER

GUARANTEED CARBURETORS INC.

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:					
DOCUMENT NUMBER: J45388						
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corre	spondence concerning this ma	atter to the following:				
	PAUL FEASTER					
Name of Contact Person						
GUARANTEED CARBURETORS INC						
Firm/ Company						
7939 ULMERTON ROAD						
	Address					
	LARGO, FL 33771					
		City/ State and Zip Cod	le			
PAU	L.FEASTER@GUARANTE	EDCARBURETORS.COM				
	E-mail address: (to be u	sed for future annual report	notification)			
For further informatio	n concerning this matter, plea	se call:				
PAUL FEASTER			· 2 -			
		at (<u>727-585-13</u>				
Name	of Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check for	or 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)			
Mailing Address		Street Address				
	endment Section	Amendment Section				
	ision of Corporations . Box 6327	Division of Corporations Clifton Building				
Tallahassee FI 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GUARANTEED CARBURETORS INC.

(Name of Corporation	n as currently filed with the Florida Dept. of State)
45388	
(Docume	ent Number of Corporation (if known)
dursuant to the provisions of section 607.1006, Florida 5 es Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendm
. If amending name, enter the new name of the cor	moration
. If amending hame, enter the new hame of the cor	poration.
	The nev
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDR	
· · · · · · · · · · · · · · · · · · ·	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	()
). If amending the registered agent and/or registere	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	ffice address:
M. CM. D. S. LA	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regis	
hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
	ture 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 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	CEO	TROY EDWARD HARTZELL	9366 87TH AVE
X Add			LARGO, FL 33777-2609
Remove			
2) Change	CFO	PAUL FRANK FEASTER	1843 OAKDALE LN N
X Add			CLEARWATER, FL 33764
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
Comment of the second of the s	
	······································
· · · · · ·	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	
4	
Α	
4	
A	
A	
A	
A	
A	
A	
A	
A	

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 day.	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through was be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without slaction was not required.	nareholder action and shareholder
Dated 3/5/19	- -
Signature 2	<u> </u>
(By a director, president or other officer -	
selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	ls of a receiver, trustee, or other court
Robert K. (Typed or printed name	Hartzell
(Typed or printed name	of person signing)
Preside]

(Title of person signing)