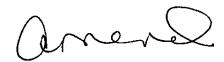
L71141

· (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500240538085



10/08/12--01014--007 **35.00

FILEU 2112 OCT -8 PM 2: 58
TALLAHASSEE FLORIDA

10/9/12

COVER LETTER

TO: Amendment Section
Division of Corporations

:

NAME OF CORPORA	TION: LUBE CEN	TER DISTRIBU	TING, INC.
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
J	ULIE ORZEL		
_		Name of Contact Person	1
		Firm/ Company	
<u>6</u>	20 NE 575TH S	TREET	
C	OLD TOWN, FL	Address 32680	
		City/ State and Zip Code	e
KJO	RZEL@GMAIL.	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
JULIE ORZEL		_{at (} 352	542-7631
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of

F	11	ED.
---	----	-----

Lube Center Distributing, Inc.

2012 OCT -8 PM 2:58

(Name of Corporation as currently filed with the Florida Dept. of State)

L71141			TALLAHASSEE.
(Documen	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	llorida Profit Corporation ad	opts the following amendment
A. If amending name, enter the new na	ame of the corporation:		
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 corpora	
B. Enter new principal office address.	if annlicable:	620 NE 575th S	treet
(Principal office address <u>MUST BE A S</u>		Old Town, FL 32	2680
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the nam	<u>ie of the</u>
Name of New Registered Agent	JULIE ORZEL		
Name of New Registered Agent	620 NE 575th St	reet	
	(Florida stre	•	
New Registered Office Address:	Old Town	, Florida	32680
 	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		ith and accept the obligation.	s of the position.
Si	gnature of New Registered A	gent, 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	Address
1) X Change	DP	ORZEL, KEVIN	620 NE 575th Street
Add			OLD TOWN,FL 32680
Remove			
2) X Change	ST	ORZEL, JULIE	620 NE 575TH STREET
Add			OLD TOWN, FL 32680
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add		,	
Remove			
O Character			
6) Change			
Add Remove			

(Attach additional sheets, if necessary,	rticles, enter change(s) here: v). (Be specific)
Ì/A	
/	
	
If an amendment provides for an ex	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	rendinent if not contained in the amendment usen.
I/A	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) a	doption: OCTOBER 1, 2012
Effective date <u>if applicable</u> :	CTOBER 1, 2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	
selecte	director, 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 court sted fiduciary by that fiduciary)
	KEVIN ORZEL
	(Typed or printed name of person signing)
	DP / Citle of person serings