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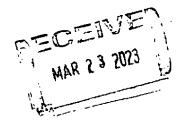
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: AMERICAN MUF	FFLER INC.			
DOCUMENT NU					
The enclosed A <i>rticl</i>	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	DARRYL S. SCHREIBER, I	ESQ.			
	- n.e	Name of Contact Person	 1		
	SCHREIBER, SCHREIBER & SCHREIBER P.A.				
		Firm/ Company			
	5600 SHERIDAN STREET	· · · · · · · · · · · · · · · · · · ·			
	· <u> </u>	Address			
	HOLLYWOOD, FL 33021				
		City/ State and Zip Code	e		
For further informated	tion concerning this matter, plead		、966-5600		
Name of Contact Person		at (Area Co	_) 966-5600 de & Daytime Telephone Number		
	for the following amount made				
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee. FL 32303

Articles of Amendment to Articles of Incorporation of

AMERICAN MUFFLER INC.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name o	f Corporation as currently	filed with the Florida Bept	of State) Pli 1:4;
L72691			1111-41
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>I</i>	<i>lorida Profit Corporation</i> ad	opts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A	ompany," or "incorporated" of professional corporation no	or the abbreviation "Corp.," ime must contain the word
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli			
(Mailing address MAY BE A POST of	OFFICE BOX)		
D. If amonding the accidence of a contract of	d (2	in Plantile and which was	
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the nan	<u>ie or the</u>
Name of New Registered Agent	JACOB B. MCGINNIS		
Name of New Registered Agent			
	(Florida stre	et address)	
Van Businsand Office Address			Munida
New Registered Office Address:		City)	. Florida <i>(Zip Code)</i>
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		ith and assumt the obligation	e of the position
т негену ассерсте арропитет из геды	erea agem. Tam jamuar w	ин ана ассері іне отіданон:	ој те ромноп.
	Oscal M. K	∵	
	Signature of New Re	gistered 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 John Doe X Remove <u>V</u> Mike Jones \underline{X} Add SV Sally Smith Type of Action Title <u>Address</u> Name (Check One) DΡ JAMES A. MCGINNIS 2780A N. State Road 7 1) ____ Change Laduerdale Lakes, FL 33313 ___ Add Remove DST JUDITH D. MCGINNIS 2780A N. State Road 7 2) ____ Change Lauderdale Lakes, FL 33313 ____ Add 5512 Cleveland Street Remove JAMES A. MCGINNIS _ Change Hollywood, FL 33021 __ Add Remove JUDITH D. MCGINNIS 5512 Cleveland Street 4) ____ Change Hollywood, FL 33021 _ Add Remove JACOB B. MCGINNIS 5512 Cleveland Street __ Change Hollywood, FL 33021 Add Remove VP JACOB B. MCGINNIS 5512 Cleveland Street 6) ____ Change Hollywood, FL 33021 _ Add Remove

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
	that office all the
ran amendment provides for an excr provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.	10 11 00	
Effective date if applicable:	12-14 22	
<u></u>	(no more than 90 days after amendment	file date)
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing rec tment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without	ut shareholder action and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for ient for approval.	or the amendment(s)
	ed by the shareholders through voting groups. The h voting group entitled to vote separately on the a	•
"The number of votes cast for	the amendment(s) was/were sufficient for approva	1
by		
	(voting group)	-'
Dated [] - 1	3-22 Jacob Marin	
Signature	alst Medri	
(By a direc	tor, president or other officer – if directors or offic	
	y an incorporator – if in the hands of a receiver, tru	ustee, or other court
appointed	fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	(\(\)
	(Title of person signing)	



March 8, 2023

DARRYL S. SCHREIDER, ESQ. 5600 SHERIDDDAN STREET HOLLYWOOD, FL 33021

SUBJECT: AMERICAN MUFFLER, INC.

Ref. Number: L72691

We have received your document for AMERICAN MUFFLER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

MAR 1 7 2023

Letter Number: 123A00005417