## P00000030714

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

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATIO   | N:ERICH'S C                                   | AR CARE, INC.  |   |
|--|---|--|---|
| DOCUMENT NUMBER: _   | P090003071.1                                  |  |   |
| The enclosed Articles of Ame   | ndment and fee are su                         | bmitted for filing.  |   |
| Please return all corresponder   | ice concerning this ma                        | tter to the following:   |   |
|  |   | ERICH VAZQUEZ  |   |
|  |   | Name of Contact Persor   | )   |
|  |   | ERICH'S CAR CARE, IN   | iC.   |
|  | <del></del>                                   | Firm/ Company  |   |
|  |   | 2041 NW 23rd AVE   |   |
|  | Address                                       |  |   |
|  |   | MIAMI, FL 33142  |   |
| <del></del>  |   | City/ State and Zip Code   | 2   |
|  |   | ERICH1220@YAHOO.C  | COM   |
| <del>-</del>   | mail address; (to be us                       | sed for future annual report                                       |   |
| For further information conce  | rning this matter, plea                       | se call:<br>at ( <sup>786</sup>                                    | 683-8539  |
| Name of Contact Person   |   |  | de & Daytime Telephone Number   |
| Enclosed is a check for the fo   | Howing amount made                            | payable to the Florida Depa  | ariment of State:   |
| <b>4</b>   | \$43.75 Filing Fee &<br>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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Amend<br>Dryisic<br>The C<br>2415 i                                | Address Iment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810 issee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

FILED

to

| ERICH'S CAR  | CARE, INC.                  | ë ats., (                   | ·- 6-8              |
|--|-----------------------------|-----------------------------|---------------------|
| (Name of Corporation as current)   | y filed with the Flori      | da <b>2ff2fdff4f5fm6</b> :) | P# 1: 15            |
| P00000030714   |                             | SERBETOLOV                  | 05 65455            |
| (Document Number of  | Corporation (if know        | m) TALLAHAS                 | SEE, FL             |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this attacles of Incorporation:  | Florida Profit Corpor       | ration adopts the fo        | llowing amendment(s |
| A. If amending name, enter the new name of the corporation:  |                             |                             |                     |
| name must be distinguishable and contain the word "corporation," "Configuration," "Corp." "Inc." or "Co". A contain the word "corporation," or "Co". A contactered, "A professional association," or the abbreviation "P.A." |                             |                             |                     |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |                             |                             |                     |
|  |                             |                             |                     |
| C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   |                             |                             |                     |
| D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address   |                             | the name of the             |                     |
| Name of New Registered Agent   |                             |                             |                     |
| (Florida str   | cet address)                |                             | . <u> </u>          |
| New Registered Office Address:   | (City)                      | , Florida                   | (Zip Code)          |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar v  | i<br>with and accept the ob | ligations of the pos        | ition.              |

Signature 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)

Add

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 Dov 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.

| X Change         PT         John Dos           X Remove         Y         Mike Jones           X Add         SV         Sally Smith           Type of Action (Check One)         Title         Name         Address           (1)         Change         2041 NW 23rd AVE           MIAMI, FL 33142         MIAMI, FL 33142           X         Remove         Add           2)         Change         Add           Add         Remove         Add           4)         Change         Add           Add         Remove         Add           Add         Remove         Add           Add         Remove         Add | Example:          |                 |                 |                  |
|--|-------------------|-----------------|-----------------|------------------|
| X Add   SY   Sally Smith   | <u>X</u> Change   | PT              | <u>John Doe</u> |                  |
| Type of Action (Check One)   | X Remove          | $\underline{V}$ | Mike Jones      |                  |
| (Check One)         1) Change       Add       Add       Add       Add  | <u>X</u> Add      | <u>sv</u>       | Sally Smith     |                  |
| Add  X Remove  2) Change Add  Remove  3   Change Add Remove  4) Change Add Remove  5) Change Add Remove  5) Change Add Remove  |                   | Title           | <u>Name</u>     | <u>Addres</u> s  |
|  | 1) Change         | VP              | KELLY FIGUEROA  | 2041 NW 23rd AVE |
| 2)Change   |                   |                 |                 | MIAMI, FL 33142  |
|  | X Remove          |                 |                 | <del> </del>     |
| Remove   | 2) Change         |                 |                 |                  |
| 3 ) Change Add   | Add               |                 |                 |                  |
|  | Remove 3 ) Change |                 |                 |                  |
| 4) Change  | Add               |                 |                 |                  |
| Add  | Remove            |                 |                 |                  |
| Remove   | 4) Change         |                 |                 |                  |
| 5) Change  | Add               |                 |                 |                  |
| Add  | Remove            |                 |                 |                  |
|  | 5) Change         |                 |                 |                  |
| Remove   | Add               |                 |                 |                  |
|  | Remove            |                 |                 |                  |
| 6) Change  | 6) Change         |                 |                 |                  |

| ttach additional sheets, if necessi | rry) — (Be specific)  |                             |                  |             |
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| an amendment provides for an        | asabanga saalassifias | ction or annoallation       | of icenad charge |             |
| rovisions for implementing the      | amendment if not cor  | <u>itained in the ameno</u> | iment itself:    |             |
| (if not applicable, indicate No     | <i>4</i> )            |                             |                  |             |
|                                     |                       | ·                           |                  |             |
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|  | 04/20/2021   | , if other than the                             |
|--|--|---|
| The date of each amendment(s) addate this document was signed.                 | ption:   | . It oner than the                              |
| Effective date <u>if applicable</u> :  |  |   |
|  | (no more than 90 days after amendment  | t file date)                                    |
| Note: If the date inserted in this blo<br>document's effective date on the Dep | ack does not meet the applicable statutory filing re-<br>artment of State's records.   | quirements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |   |
| ☐ The amendment(s) was/were adopaction was not required.                       | ted by the incorporators, or board of directors without  | out shareholder action and shareholder          |
| The amendment(s) was/were adop<br>by the shareholders was/were suf             | ted by the shareholders. The number of votes east fricient for approval.   | or the amendment(s)                             |
|  | oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the a                                      |   |
| "The number of votes east I  | or the amendment(s) was/were sufficient for approva  | al  |
| bv   |  | <br>_!  |
| •  | (voting group)   |   |
| 04/20/20<br>Dated<br>Signature   | Jaran.   |   |
| selected   | ctor, present or other afficer – if directors or officer by an incorporator – if in the hands of a receiver, tred fiduciary by that fiduciary) |   |
|  | ERICH VAZQUEZ  |   |
| -  | (Typed or printed name of person signing   | )   |
|  | PRESIDENT  |   |
| -  | (Title of person signing)  |   |