## P00000036091

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ZOZI APR 16 PM 3: 41 SECRETARY OF STATE

A BUHLEY

## COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Diesel Specialists	of Orlando, Inc.
DOCUMENT NUMBER: P00000036091	
The enclosed Articles of Amendment and fee are su	ubmitted for filling.
Please return all correspondence concerning this ma	
Anthony J. Messina, Esq.	
Messina Law Group, P.A.	Name of Contact Person
3.039,7.11.	Firm/ Company
9735 US Highway 19	
	Address
Port Richey	
	City/ State and Zip Code
anthony@messinalawgroup.e E-mail address: (to be us	com sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Anthony J. Messina, Esq.	at ( 727 ) 605-3671
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

## FILED

## Articles of Amendment to Articles of Incorporation of

2021 APR 16 PM 3:41

	of	0000
Diesel Specialists of Orlando, Inc.		SECRETARY OF STATE
(Name of Corporation as	currently filed with the Florids	SECRETARY OF STATE TALL GHASSEE, FL
P00000063091		r Dept. of State)
(Document )	umber of Corporation (if known	)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:		
A. If amending name, enter the new name of the corpor	ation:	
name must be distinguishable and contain the word "corpore". "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation.	ition," "company," or "incorpor, "Co". A professional corporat n "P.A."	The new ated" or the abbreviation "Corp.," ion name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	(2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ice address in Florida, enter th	e name of the
Name of New Registered Agent Jene	H P WATERIES	
Name of New Registered Agent 1000 (F	Sidney Hayes Rd.	
New Registered Office Address: Ox	lando (Ciry)	, Florida
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am fi	t Agent: imiliar with and accept the obliga	ations of the position.
Signature	New Registered Agent, if change	
Check if applicable	r rrem rickistered Agent, ij chang	ing

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and 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, Example:

X_Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l)Change	D	Marie Lovell	17614 Long Ridge Drive
Add			Montverde, FL 34756
X Remove			
2) Change	Pres	Mark A. Loveil	17614 Long Ridge Drive
Add			Montverde, FL 34756
X Remove 3) Change	Trea	Marie T. Lovell	17614 Long Ridge Drive Montverde, FL 34756
Add			
X Remove			
4) Change	Pres	Joseph Watkins	9400 Sidney Hayes Road
XAdd			Orlando, FL 32824
Remove			
5) Change	CFO	Sherri Watkins	9400 Sidney Hayes Rd
X Add			Cilado TL 32824
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		····
		<del></del> ·
		<del></del> .
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
		·
		<del></del>

:

:

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
sirective date it applicable.	(no more than 90 days after amendment fit	le date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requi of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) ((	CHECK ONE)	
The amendment(s) was/were adopted by t action was not required.	he incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were adopted by a by the shareholders was/were sufficient f	the shareholders. The number of votes east for or approval.	the amendment(s)
must be separately provided for each vot	the shareholders through voting groups. The jing group entitled to vote separately on the am	following statement endment(s):
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by	voling group)	,
Dated 4.7.	2021	
selected, by an i	resident or other officer – if directors or officer incorporator – if in the hands of a receiver, trus	
appointed fiduc	iary by that fiduciary)  Joseph P LUATKINS	
<del></del>	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	