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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AUTOMEDIC HOVANTAGE, INC. DOCUMENT NUMBER: PO 3 0000 45 75 9	
DOCUMENT NUMBER: PO 3 0000 45 75 9	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
FRAN SPARKE	
Name of Contact Person	
Firm/ Company	
200 TAISOLUA ROAD	
Address	
Address DEBREY F 321/3 F G City/ State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	,
E-mail address: (to be used for future annual report notification)	3
in the second of	-
For further information concerning this matter, please call:	-
	•
PRINT Spread at (386) 956-8145 Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles	of Amendment		
4.45	to	5 .	-10 th
Articles	of Incorporation of		
1			211 7 1
AUTOMEDIC ADVANTAGE		. <u> </u>	
(Name of Corporation as cur	rently filed with the Flor	ida Dept. of State)	· 2. • •
P030004			
(Document Numl	ber of Corporation (if know	vn)	95 5
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corpo</i>	ration adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation	n:		
	-		
name must be distinguishable and contain the word "corpo	, INC.		The new
"Corp" "Inc" or Co" or the designation "Corp," "Inc," word "chartered," "professional association." or the abbrevial	' or "Co". A professional	corporation name	must contain the
B. Enter new principal office address, if applicable:	NA		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA .		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		the name of the	
Name of New Registered Agent			
(Flori	ida street address)		
N 0 100 111 1/a		F) 11	
New Registered Office Address: NA	(City)	, Florida	(Zip Code)
	(5.0)		,r
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam		bligations of the posi	tion.
···			

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)

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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) MA Change		_	
Add			
Remove			
2) MA Change			
Add			
Remove			
3) NA Change			
Add			
Remove			*******
4) NA Change			
Add			
Remove			
5) MA Change		_	
Add			
Remove			
6) NA Change		_	
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
(a	
<i>y</i>	

To an array day and array day for an array	the second second second second
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A Company of the Comp	
#	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	S.
Dated June 1, 2015	
Signature Juliu Santa	c
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	ທ
Diny SPARKS	C.
(Typed or printed name of person signing)	
TRESIDENT	
(Title of person signing)	