

FROM : LAZARUS
Division of Corporations

PAY NO. : 000020144

Nov 13 2005 01:10PM Page 1

PO3000049044

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000274469 3)))



H060002744693ABC5

RECEIVED

06 NOV 14 AM 8:00

DIVISION OF CORPORATIONS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

COR AMND/RESTATE/CORRECT OR O/D RESIGN

MARACAY TIRE #2, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
06 NOV 14 AM 10:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Handwritten signature

FROM : LAZARUS

FAX NO. : 3052201440

Nov. 13 2006 05:16PM P2/3

U-13-2006 15:09 From:

To: 3052201440

P.2/6

H06000274469

Articles of Amendment
to
Articles of Incorporation
of

MARACAY TIRE #2, INC.

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

P03000049044

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

NOT APPLICABLE.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

WILL NOW BE THE ONLY ONE IN THE INCORPORATION AS:

ALMA OLIVARES (PDVST)

2951 NW 62 STREET

MIAMI, FL 33147.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

NOT APPLICABLE.

H06000274469

(continued)

FILED
06 NOV 14 AM 10:37
TALLAHASSEE FLORIDA
SECRETARY OF STATE

FROM : LAZARUS

FAX NO. : 3052201440

Nov. 13 2006 05:17PM P3/3

N J-13-2006 15:09 From:

To: 3052201440

P.3/6

H 0 6 0 0 0 2 7 4 4 6 9

The date of each amendment(s) adoption: APRIL 8TH, 2006

Effective date if applicable: APRIL 8TH, 2006
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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.

Signature

Alma Olivares

(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)

ALMA OLIVARES

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)

FILING FEE: \$35

H 0 6 0 0 0 2 7 4 4 6 9