

Division of Corporations 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.

(((H140001158653)))



H140001158653ABC+

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)617-6380

From:

Account Name : LEGACY TAX, INC.

Account Number : I20120000069 Phone : (561)683-3000

Fax Number : (561)965-0938

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arnaldo alfpfinancial.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN MOTORCARS OF DISTINCTION MAINTENANCE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help / 4

DC

Articles of Amendment

Articles of Incorporation

01		

MOTORCARS OF DISTI		<u>'</u>			
(Name of Corporation as c	currently filed with the Flo	rida Dept. of State)			
P03000070572	N 1 000 00 000		···		
(Document	Number of Corporation (if k	nown) -			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the fol	lowing an	nendme	nt(s) to
A. If amending name, enter the new nam	ne of the corporation:				
M.O.D. MAINTENANCE, I	INC.		<u>T</u> h	e new	,
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	tion "Corp," "Inc," or "Co	". A professional corporation name	the abbre must cont	rviation ain the)
B. Enter new principal office address, if (Principal office address MUST BE A STI		N/A			
	•	- Control of the Cont			
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of		N/A			
(; . '	14	
			7-3	12.	-11
			······································		Γ-
D. If amending the registered agent and new registered agent and/or the new	<u>/or registered office addres</u> registered office address:	s in Florida, enter the name of the		ďΟ	
Name of New Registered Agent LEGACY TAX, INC		7	Z		
•	1818 SO AUSTRALIAN AVE, #202			£:	
-	(Florida street		45	ည်	
New Registered Office Address:	WEST PALM BE	ACH Florida 33409			
THE TAXER IN THE TAXE ESS.	(City)	(Zip Cod	le)		
New Registered Agent's Signature, if the I hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar wit	h and accept the obligations of the post	ition.		
0:	nature of New Registered Ag	and lithausius			
SIKI	HOUSE OF THEIR WEXINGLESS AND	ora, apuradizanz			

Example:

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.

X Change	PT	John Doe	
X Remove	¥	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add		•	
Remove			
2) Change	F	N/A	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add	-		
Remove			
		NI/A	-
6) Change		<u>N/A</u>	
Add			
Remove			

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	icles, enter change(s) here: (Be specific)
√A	1 9 9
	····
·	

······	
If an amendment provides for an eych	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
	444
	
	,
	·

The date of each amendment(s) addet this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	, n	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required. Dated	16/27/4	
0:	(Mel 1 Va	
Signature	irector, president or other officer - if directors or officers have not been	
selecte	d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	PIERO NAVARRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	