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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: A-FORD-ABLE A	UTOMOTIVE SERVICES	5, INC
DOCUMENT NUMB	*********		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	TIMOTHY GREENE		
-		Name of Contact Persor	1
	A-FORD-ABLE AUTOMOT	TIVE SERVICES, INC.	
-		Firm/ Company	
	1465 OLD MOULTRIE ROA	•	
-		Address	
	SAINT AUGUSTINE, FL 32	2084	
•		City/ State and Zip Code	e
JENN	Y@A-FORD-ABLEAUTO.0	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information TIMOTHY GREENE	concerning this matter, pleas	904	808-7003
Name o	f Contact Person	at (Area Co	de & Daytime Telephone Number
	the following amount made		•
■ \$35 Filing Fee	□\$43.75 Filing Fee & 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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

A-FORD-ABLE AUTOMOTIVE SERVICES, INC.

(Name of Corporation as current)	y filed with the Florida Dept. o	f State)
P04000006875	-	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	Co". A professional corporation	ted" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u></u>	
		2019 A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AUG 16 PH
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		-T.:
Name of New Registered Agent		
<u> </u>		
(Florida str	eet address)	
New Registered Office Address:	(City)	lorida (Zip Code)
	16.197	my (ma)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar s		f the position.
Signature of New I	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		
\underline{X} Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	:	<u>Addres</u> s
1) Change	VP	BILL	Y F MASTERS	3881 STATE ROAD 16
Add				 SAINT AUGUSTINE, FL 32092
X Remove				
2) Change				
Add				
Remove				
3) Change			_	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s ufficient for approval.)
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	и
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
select	director, president or officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	<u>1</u>
	TIMOTHY J. GREENE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	