

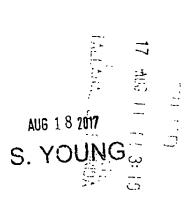
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Alloy Whee	I kepair Specialist of the Suth, Inc
DOCUMENT NUMBER: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4000[11572-
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
X	achael Long
	Name of Contact Person
	10 Kerry Forest PKMy D4-142 Address
	2H, FL 3)309
E-mail address: (to be u	City/State and Zip Code  Line To Day Code  Lised for future annual report notification)
For further information concerning this matter, plea	ise call:
Name of Contact Person	at ( 850 459-9364 Area Code & Daytime Telephone Number
U  Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

	to Articles of Incorpo	oration				
Allow wheel Repa	ir Specialis	st of the Soch	1. Ins	<b>)</b>		
(Name of Corp.	oration as currently file	ed with the Florida Dept.	of State)	<del></del>		
Pδ	4000 111572					
(D	Ocument Number of Cor	rporation (if known)				
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Flor	rida Profit Corporation ado	pts the follo	owing amer	ndment	t(s) to
A. If amending name, enter the new name of t	he corporation:					
Wheel Gir	15 Inc	<del></del>		The		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co"	. A professional corporati				
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		Saw			<u> </u>	
	-		N/	<u> </u>	<del></del> -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	<u>E BOX</u> )	Same	NA		<del></del>	
D. If amending the registered agent and/or renew registered agent and/or the new registered.		in Florida, enter the name	of the	<u> </u>	17	
	Rachael	DNA			3	
Name of New Registered Agent	Masimot t			<del></del>		· ·
	(Florida street a	(ddress)		 	. <del>.</del>	20
New Registered Office Address:			Florida	<u> </u>	ىب <u></u> -	
	(City	v)		(Zip Çode)	<u>.</u>	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		and accept the obligations	of the posit	ion.		
	l l			<del></del>		
	Signature of New Regis	stelled 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 <math>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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Rachael E Deming	2910 Kerny Forest PXW
Add			TLH, FL 32309
2) Change Add	ρ	hachael Flong	2910 Kerry Forest PKWy D4-142
Remove			+LH, FL 32309
3 ) Change			
Remove			
4) Change Add			
Remove			
5) Change Add		<del></del>	
Remove			
6) Change Add			
Remove			

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

The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	)
(no more than 90 d	lays after amendment file date)
Note: If the date inserted in this block does not meet the applicable locument's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The nuby the shareholders was/were sufficient for approval.	imber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	
"The number of votes east for the amendment(s) was/were s	ufficient for approval
by(voting group)	·"
☐ The amendment(s) was/were adopted by the board of directors wi action was not required.	thout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators withou action was not required.	t shareholder action and shareholder
Dated 8 1 2017	
Done	
Signature By a director, president or other officer	- if directors or officers have not been
selected, by an incorporator - if in the h	ands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Kachael	F LONG
(Typed or printed nar	ne of person signifig)
Presi	dent
(Title of	person signing)