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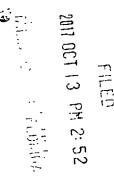
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OCT 1 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Cumi Auto Repair.	Inc		
DOCUMENT NUME	BER: P04000113881			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corres	spondence concerning this mat	tter to the following:		
	Suad Hozdic			
		Name of Contact Person	1	
	Cumi Auto Repair, Inc.			
		Firm/ Company		
	5105 Phillips Highway #705			
		Address		
	Jacksonville, Florida 32207			
		City/ State and Zip Cod	e	
zudar	nah@yahoo.com			
		ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call: 904	881-1158	
Name o	of Contact Person		de & Daytime Telephone Number	
	r the following amount made p		,	
□ \$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 Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, F1, 32301	

Articles of Amendment to Articles of Incorporation of

FILEO

2017 OCT 13 PM 2:53 Cumi Auto Repair, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) ۲, P04000113881 (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: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Suad Hozdic Name of New Registered Agent 6526 La Mirada Drive East (Florida street address) Florida_32217 Jacksonville New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

Page 1 of 4

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.

X_Change	PT	John Doe			
X Remove	<u>y</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	V	Zuhdija Hozdic	1647 Majestic View Lane		
Adđ			Fleming Island, Florida 32003		
X Remove			-		
2) Change					
Add					
Remove			 		
3) Change					
Add					
Remove					
4)Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add			~ ~		
Remove					

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Re specific)
N/A	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

The date of each amendmen		, if other than the
date this document was signed	i. - May 4, 2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
5/26/	2017	
Dated	2 1-Hardie	
Signatur	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ppointed fiduciary by that fiduciary)	
	Suad Hozdic	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	