# P04000145502

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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07/22/10--01009--021 \*\*35.00

SECRETARY OF STATE TALLAHASSEE FLORIDA

AMUNA (10)

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	F CORPORATION: NIEVES TIRE CORPORATION			
DOCUMENT NUMI	BER:	P04000145502		
The enclosed Articles	of Amendment and fee a	re submitted for filing.		
Please return all corre	spondence concerning the	is matter to the following:		
	BARNEY J NIEVES			
	V	lame of Contact Person		
	NIEVES	S TIRE CORPORATION		
Firm/ Company				
	4601 NW 19 AVENUE			
		Address	•	
	N	MAMI, FL 33142		
_		ity/ State and Zip Code		
	CDEROJ E-mail address: (to be use	AS@CMRFS.COM d for future annual report notification)		
For further informatio	n concerning this matter,	please call:		
<del></del>	EY J NIEVES		5-7273	
Name of (	Contact Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check for	r the following amount n	nade payable to the Florida Departi	ment of State:	
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addr Amendment So Division of Co P.O. Box 6327	ection rporations	Street Address Amendment Section Division of Corporations Clifton Building	•	
Tallahassee, FL 32314		2661 Executive Center Circle	•	

Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2010

BARNEY J. NIEVES NIEVES TIRE CORPORATION 4601 NW 19 AVENUE MIAMI, FL 33142

SUBJECT: NIEVES TIRE CORPORATION

Ref. Number: P04000145502

We have received your document for NIEVES TIRE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The document must have original signatures.

YOU FAILED TO SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 710A00017764

2010 AUG 23 AM 8: 00 SECRETARY OF STATE

#### **Articles of Amendment** to Articles of Incorporation $\vec{r}$ of

#### **NIEVES TIRE CORPORATION**

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

#### P04000145502

(Document Num	ber of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation adopts the follo
A. If amending name, enter the new name of	f the corporation:	
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	," or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or resistered.	cegistered office address i	n Florida, enter the name of the
new registered agent and/or the new regis  Name of New Registered Agent:	stered office address:	
Nume of New Registerea Agent.		
New Registered Office Address:	(Florida street a	address)
	(City)	, Florida
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as	gent. I am familiar with a	
S	ignature of New Registered	d 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)

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<u>Title</u>	<u>Name</u>	Address	Type of Action
DP	BENJAMIN NIEVES	4601 N.W. 19 AVENUE MIAMI. FL 33142	☐ Add ☑ Remove
DP	BENJAMIN N. RIVERA	4601 N.W. 19 AVENUE MIAMI, FL 33142	☑ Add □ Remove
<del></del>			
provisi	mendment provides for an exchange, ons for implementing the amendment not applicable, indicate N/A)		
<del> </del>			

The date of each amendment(s) adoption: (date of adoption is required) Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted 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 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. Dated 07/19/2010 Signature

**BARNEY J NIEVES** 

(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

(Typed or printed name of person signing)

**DIRECTOR & VICE PRESIDENT** 

(Title of person signing)

appointed fiduciary by that fiduciary)