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(Business Entity Name)	
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COVER LETTER

O: Amendment Section Division of Corporations	
IAME OF CORPORATION: T. J. TRAILER REPAIR INC	
OCUMENT NUMBER: P05000017699	
the enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
ANNALIE MAZOLA	
Name of Contact Person	_
T. J. TRAILER REPAIR INC	
Firm/ Company	—
PO BOX 772753	
Address	
ORLANDO, FL 32877	
City/ State and Zip Code	
TJTRAILERREPAIR@BELLSOUTH.NET	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Annalie Mazola Name of Contact Person at (407) Area Code & Daytime Telephone Num	
Name of Contact Person Area Code & Daytime Telephone Num	ıber
inclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is renclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

nt(s) to

·	Articles of Inc of	orporation	Z.	2017
	T. J. TRAILER F	REPAIR INC	24	
(Name of Corporation as	currently filed with the F	lorida Dept. of State)	***	1
	P05000017	7699		1
(Documer	nt Number of Corporation (i	f known)	्रापु	2
(Name of Corporation as (Documer Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	n adopts the following am	endmer
A. If amending name, enter the new na	ame of the corporation:			
				new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corp		
B. Enter new principal office address,	if applicable:	11433 UNITE	D WAY	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		ORLANDO, FL 32824		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
D. If amending the registered agent an new registered agent and/or the new			name of the	
Name of New Registered Agent	Annalie Mazola			
	11433 United W	/av		
		eet address)		
New Registered Office Address:	Orlando	, Flor	ida_32824	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		i with and accept the obliga	tions of the position.	
	AMardia			
Si	gnature 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 <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: XChange	<u>PT</u>	John Doc	
X Remove	<u>v</u>	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 Add Remove	P	CARIDAD AMABLE	2087 BOCA PALMS CIR KISSIMMEE, FL 34741
2) Change Add Remove	PTD	ANNALIE MAZOLA	11433 UNITED WAY ORLANDO, FL 32824
3) Change Add Remove		<u> </u>	
4) Change Add Remove		<u> </u>	
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	`
F. If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) N/A	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	- · · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	adoption: June 1st, 2012
Effective date if applicable:	une 1st, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	sst for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated June Signature	Allaina
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court einted fiduciary by that fiduciary)
	Annalie Mazola
	(Typed or printed name of person signing)
	President; ,
	. (Title of person signing)