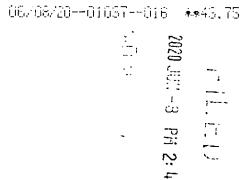
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JUN 2 A 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ALANIS BODY & MECHANIC SHOP INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OSCAR ALANIS Name of Contact Person ALANIS BODY & MECHANIC SHOP INC. Firm/ Company Address City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 201-7548

Area Code & Daytime Telephone Number **OSCAR ALANIS** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **■\$43.75** Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section **Amendment Section** Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

ΔI	ANHO	PARV	٥	MECHANIC	SHOD INC.
AL	ANI5	BULLY	Δ.	MECHANIC	SHOP INC.

ALANIS BODY & MECHANIC SHOP	INC.			م بر	
(Name (of Corporation as current	ly filed with the Florida Dept. of State)	TO THE	_
P05000020927			•	ن '	7
	(Document Number o	f Corporation (if known)	·····		^r ,
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	following am	ب endment(s)	19
A. If amending name, enter the new n	ame of the corporation:			÷	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cartered," "professional association,"	Corp," "Inc." or "Co"	A professional corporation name musi	breviation "C		
B. Enter new principal office address,	if annlicable	4530 DIEKHANS RD			
(Principal office address MUST BE A S		WEST PALM BEACH, FL. 33417	,		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4530 DIEKHANS RD			
		WEST PALM BEACH, FL. 33417			
D. If amending the registered agent an new registered agent and/or the new Name of Name Positionard, to anti-					
Name of New Registered Agent	4530 DIEKHANS RD				
		reet address)			
New Registered Office Address:	WEST PALM BEACH	. Florida	33417		
New Registerea Office Address.		(City)	(Zip Code)		
New Registered Agent's Signature, if a I hereby accept the appointment as regis.			osition.		
	Signature of New F	Registered Agent, if changing			
Check if applicable					

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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	
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			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
. <u>-</u> .	
	
··	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, indicale NA)	
	· · · · · · · · · · · · · · · · · · ·

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	JUNE 05, 2020	
The date of each amendment(s) adop	ption:	, if other than the
date this document was signed.		
	05, 2020	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	tho more than 50 days after amenament file dates	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will rtment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	. "	
,	(voting group)	
JUNE 05, 20	20	
Dated		
Signature <u>* 9</u>	cc/ Aces	
	ctor, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
O:	SCAR ALANIS	
	(Typed or printed name of person signing)	
D	RESIDENT	
Lı	INCOIDEIT	

(Title of person signing)