P050000051589

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	NORTH SPRINGS JAPANESE CAR CARE, INC	
	5000056589	
The enclosed Articles of Amendm	ent and fee are submitted for filing.	
Please return all correspondence co	ncerning this matter to the following:	
FFLIPE	RAMIREZ	
	Name of Contact Person	
NORTH	H SPRINGS JAPANESE CAR CARE, INC	
110111	Firm/ Company	
WILES	ROAD 12294	
-	Address	
CORAI	SPRINGS, FL 33076	
	City/ State and Zip Code	
NORBEY@	DMYUSADVISOR.COM	
	address: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	. 23
FELIPE RAMIREZ	at (561)251-5600	
Name of Contact P		L2 :
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:	<u>نة</u> - ;
-	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ficate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	ည်း မှာ ကြ
Mailing Address Amendment Sec Division of Corr P.O. Box 6327 Tallahassec, FL	tion Amendment Section Forations Division of Corporations Clifton Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the F	
P05000056589	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NORTH SPRINGS JAPANESE CAR CARE, I	The _new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or " word "chartered," "professional association." or the abbreviation	Co. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>N/A</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addinew registered agent and/or (he new registered office address	
	15.3
Name of New Registered Agent NORBEY TRUIL	
<u>22297 MISTY W</u>	
(Florida str	veet address)
New Registered Office Address: BOCA RATON (City)	, Florida 33428
icuy)	(гір Соце)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. If am familiar y	$rac{arphi}{2}$ with and a cept the obligations of the position.
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.

Evample: 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>	Address
1) Change	_Р	<u>DOMENICO BARTOLONE</u>	12294 WILES ROAD
Add			CORAL SPRINGS FL 33076
X Remove			
2) Change	P	FELIPE RAMIREZ	12294 WILES ROAD
X			CORAL SPRINGS FL 33076
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding</u>	additional Articles, enter change(s) here:
(Attach additional sheet	s, if necessary). (Be specific)
N/A	
If	sides for an explanation are consultation of issued charac
nravisions for implen	rides for an exchange, reclassification, or cancellation of issued shares, nenting the amendment if not contained in the amendment itself:
(if not applicable,	indicate N/A)
N/A	
N/A	
<u> </u>	
_	
·	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : 0	9/01/2022	_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated09/01/	2022	
Signature	Dugge 132	
	director, president or other officer – if directors or officers have not been	_
	d. by an incorporator – if in the hands of a receiver, trustee, or other court	
аррон	ted fiduciary by that fiduciary)	
	DOMENICO BARTOLONE	
	(Typed or printed name of person signing)	_
	PRES	
	(Title of person signing)	_