P08000039597

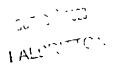
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bob 5 A	tuto Repair, Inc.		
DOCUMENT NUMBER: PO 80000 3	7		
The enclosed Articles of Amendment and fee are			
Please return all correspondence concerning this	matter to the following:		
\mathcal{A}	Ariel Leff Name of Contact Person		
	Name of Contact Person		
\mathcal{R}	obs Auto Romic		
	ob's Auto Repair Firm/ Company		
3 (75	9 State Road 54 Address		
•••	Address		
<u></u>	City/ State and Zip Code		
·	City/ State and Zip Code		
accounting	a a chahsauturamir us		
E-mail address: (to-	De used for future annual report notification)		
· ·	•		
For further information concerning this matter, p	please call:		
i or tartier information contenting into minor,			
Adriel Leff	at (<u>813</u>) 779 - 2277		
Name of Contact Person	Area Code & Daytime Telephone Number		
P. J. J. B. A. Carlos C. Harrison and an	ada a sankla to the Florida Donostment of States		
Enclosed is a check for the following amount m	ade payable to the Florida Department of State.		
\$35 Filing Fee			
Mailing Address	Street 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 to Articles of Incorporation of

. _____

Bub's Auto Repair, Inc	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P0800039597	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "co"Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	25
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	ည
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
	. Davenport
	•
37959 State (Florida stree	
New Registered Office Address: Zephytulls	, Florida33542
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Mychael Daving of Signature of New Reg	J.
Signature of New Reg	gistered 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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Kelli L Lopez	37959 State Road 54
Add			Zephyrhills, FL 33542
X Remove	PT	Michael D. Davenport	37959 State Road 54
2) Change	1 1	1-ticside 1 2, saverport	Zephyrhills, FL 33542
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			•
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	s, if necessary). (Be s				
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			.,		
n amendment prov	ides for an exchange,	reclassification,	or cancellation of	issued shares,	
<u>ovisions for implem</u>	nenting the amendmer	it if not containe	ed in the amendme	ent itself:	
(if not applicable,	indicate N/A)				
1/A					
•				•	
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Effective date <u>i</u>	-			
		(no more than 90 days after	amendment file date)	
	te inserted in this block do ective date on the Departme	es not meet the applicable statuto nt of State's records.	ry filing requirements, this date	will not be listed as the
Adoption of Ar	nendment(s)	(CHECK ONE)		
☐ The amendm action was n		the incorporators, or board of dire	ectors without shareholder action	and shareholder
The amendm by the share	nent(s) was/were adopted by holders was/were sufficient	the shareholders. The number of for approval.	votes cast for the amendment(s)	
	· · ·	by the shareholders through voting poting group entitled to vote separate	•	
"The n	umber of votes cast for the	amendment(s) was/were sufficient	for approval	
by			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(voting group)		
	selected, by an	president or other officer – if direct incorporator – if in the hands of a ciary by that fiduciary)		
	арроппец пац		I	
		(Typed or printed name of per	enport	
		_	oon signing)	
		President		
		(Title of person signing)		