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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Onsite Instant Lube Corporation DOCUMENT NUMBER: PO8000080155				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Bruno Rebessi				
Name of Contact Person				
Onsite Instant Lube Corporation Firm/Company				
Firm/ Company				
200 Crandon Blud. Stc. 703 Address				
City/ State and Zip Code				
City/ State and Zip Code				
rebessi@ gol.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
To turder information concerning this matter, prease can.				
Bruno Rebess: at (305) 724.8881 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certificate of Status (Additional copy is enclosed) ☐ Certificate of Status (Additional Copy is enclosed)				

Mailing Address

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

Street Address

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

Articles of Amendment

to

Articles of Ir	
() nsite Instar	+ Lubo Corporation
Name of Corporation as curren	tly filed with the Florida Dept. of State)
Document Number	of Corporation (if known)
· ·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida 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 "corporati "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:	200 Crandon Blud. Ste. 203
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Mey Biscayne, FL 33149
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 Crandon Blud. Ste. 203
	200 Crandon Blvd. Ste. 203 Key Biscayne, FL 33149
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	
Name of New Regimerea Agent	
(Florida s	treet address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
	And the second s
	TASA TO
Signature of New	Registered Agent, if changing
ingilialite by New	TO T
	SH W D

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	<u> </u>	Izquierdo, Fabian	161 Crandon Blud.
Add			Apt. 377 Key Biscayne FL 3314
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

	<u>-</u>
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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	
by" (voting group)	
(voting group)	
☐ 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 9/29/17	
Signatura	
Signature (By a director, president or other officer – indirectors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
President Bruno Rebi	es,
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	