Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000175482 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146

: (305)444-4994

Phone Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN PLACETAS AUTO CARE & TIRES SERVICE CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

| (Name i | of Corporation as curren | tly filed with the Florida Dept. of State) |
|------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------|
| P03000096157 | | |
| | (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607. ts Articles of Incorporation: | 1006, Florida Statutes, this | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new na | me of the corporation: | |
| PINAR ROAD SERVICE CORP | | The new |
| | ation "Corp," "Inc," or | on," "company." or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| 3. Enter new principal office address, If applicable: | | 8364 SW 44 ST |
| Principal office address MUST BE A S | | MIAMI, FL 33155 |
| | d/or registered office add | dress in Florida, enter the name of the |
| new registered agent and/or the new | | |
| Name of New Registered Agent | CHANGE OF ADDRESS | <u> </u> |
| | 5364 SW 44 ST | |
| | (Florida s | treet uddress) |
| New Registered Office Address: | MLAM | |
| | | (City) (Zip Code) |
| New Registered Agent's Signature, if ci hereby accept the appointment as regist | | it: with and accept 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 affice 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: <u>X</u> Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Aćd | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| !)Change | | _ | |
| Add | | | |
| Remove | | | |
| 2)Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | _ | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| o) Change | | | |
| Add | | | |
| Remove | | | |
| T Vettions | | | |

| (11111011111111111111111111111111111111 | sheets, if necessary). | ine specific) | | | | |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|--------------------|--------------|-------------|
| | | | | _ | | |
| | | | <u> </u> | | • | _ |
| <u>-</u> | | | | · | | |
| | | | | | | |
| | | | <u> </u> | | | |
| | | | | | | |
| _ _ | | | | | | |
| | | | | | | |
| | | | - | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | _ | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | <u> </u> | | • |
| | | | | | | |
| ~ | | | | | | |
| | | | | | | |
| | | | | | | |
| . If an amendment | provides for an exclude an exclude provides for an exclude an excl | nange, reclassince | anon, or canceus | inon of issued sha | ires, | |
| (if not apply | abie, indicate N/A) | nament n not co | iitaiited iii iile al | denditient itseit. | | |
| (9 | data, mmeans 22) | | | | | |
| | | | - <u>-</u> | | | |
| | | | | | | |
| - ~ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | - | | ~~~ <u>~</u> | |
| | | | | | | ** |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | <u></u> |

| ., | , if other than the |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| date this document was signed. | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| (no more than 90 days tyler timenament five date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval. | .t(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state, must be separately provided for each voting group entitled to vote separately on the amendment(s): | ment |
| "The number of votes east for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voing group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required. | đ ci |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| 06/30/2017 Dated | |
| Signature Jonge A Pita | |
| (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary) | |
| JORGE L. PITA | |
| (Typed or printed name of person signing) | |
| P | |
| (Title of person signing) | |