Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694

Fax Number

: (305)633-9696

## COR AMND/RESTATE/CORRECT OR O/D RESIGN.

MELANIE PRECISION AUTO CARE, INC.



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Certificate of Status

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3/30/2009



## H090000 73608

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Articles of Amendment to

Articles of Incorporation					
of 4					
MELANIE PRECISION AUTO CARE INC.					
(Name of Corporation as currently filed with the Florida Dept. of State)					
<u> </u>					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:					
A. If amending name, enter the naw name of the corporation:					
MELANIE AUTO CARE INC					
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
D. If amending the registered agent and/or registered office address in Florida, outer the name of the new registered agent and/or the new registered office address:					
Name of New Registered Agent:					
New Registered Office Address: / (Riorida street address)					
(City) (Zip Code)					
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
9000073608 Signature of New Registered Agent, if changing					

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EMPIRE CORP KIT

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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)

Title	Name	Address	Type of Action
	<del></del>		☐ Add ☐ Remove
			D Add
	. \\ ' \		
<del></del>			Add Remove
F., If amer (assach a	nding or adding additional Artic additional steels, if necessary).	les, enter chango(s) here: (Be specific)	
		·	
provis	nmendment provides for an exchions for implementing the amen not applicable, indicate NA)	ange, reclussification, or cancellation description de	n of issued shares. ment itself:
	[	A	
	$\square$		

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The date of	each umendment(s) add	option: <u>278</u>	.09
Effective da	te <u>if applicable</u> :		
	(no m	ore than 90 days after t	amendment file date)
Adoption of	Amezdment(s)	(CHECK ONE)	
	ndment(s) was/were adop areholders was/were suff		. The number of votes cast for the amendment(s
The amer	ndmont(s) was/were appr reparately provided for e	oved by the shareholder ach voting group smitte	rs through voting groups. The following statemend to vote separately on the amendment(s):
~l'h¢	number of votes cast fo	r the amondment(s) was	/were sufficient for approval
by _			,,
, -	(votin	g group)	
	ndment(a) was/were adop as not required.	oted by the board of dire	ectors without shareholder action and shareholder
	ndment(s) was/were ador as not required.	oted by the incorporator	s without shareholder action and shareholder
	Dotted 3-2	8-09	
	Signature SAC	uh Keemed	a
	(By a dire	ctor, president or other	fficer - if directors or officers have not been
		y an incorporator — if it fiduciary by that fiducia	the hands of a receiver, trustee, or other court
		0 <i>11</i>	
	_	FRANK H	ELNANDEZ
		(Typed or printed	d name of person signing)
		Doas	WDEN-T
		(Title of p	urson signing)

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