P090000000019

| (Re | equestor's Name) | 10.11 |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | <u> </u> |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | · |
| | | |
| | | |

Office Use Only



500159881605

09/03/09--01018--024 **43.75

SECRETARY OF STATE ALLAHASSEE, FLORIDA OP SEP 28 AM 11:51

Amend CC 10 9/29/09

COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|--|---|
| NAME OF CORPORATION: AGR | Automotive, Inc. |
| DOCUMENT NUMBER: PO90000 | 20319 |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. |
| Please return all correspondence concerning this matte | r to the following: |
| Ruth Winds | Contact Person |
| Tilden Co. | Company |
| 905 Hypohus | |
| Lantona, FL City/ State Hilden brokeworld (E-mail address: (to be used for future) | and Zip Code Dyphog.com Ire annual report notification) |
| For further information concerning this matter, please | call: |
| • | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made pa | yable to the Florida Department of State: |
| Certificate of Status | \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Amendment Section A Division of Corporations D P.O. Box 6327 C | reet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Circle |

Tallahassee, FL 32301



September 8, 2009

RUTH WRIGHT TILDEN CAR CARE 905 HYPOLUXO RD. LANTANA, FL 33462

SUBJECT: AJR AUTOMOTIVE CORP

Ref. Number: P09000020319

We have received your document for AJR AUTOMOTIVE CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 509A00029748

Articles of Amendment to Articles of Incorporation of

| | OI | | | <i>۳</i> ۶۰, |
|---|--------------------|------------------------|--------------------|------------------------|
| AJR / | houmoti | 4.700 | _ | ζ _β |
| (Name of Corporation as curre | | | | |
| P09000 | 020319 | | | |
| | ber of Corporation | | | |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: | 5, Florida Statute | s, this <i>Florida</i> | Profit Corporatio | n adopts the following |
| A. If amending name, enter the new name of | the corporation | <u>:</u> | | |
| | | | | The new |
| name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | designation "Co | rp, " "Inc, " or " | 'Co". A professi | |
| B. Enter new principal office address, if app | | | | |
| (Principal office address <u>MUST BE A STREE</u> | <u>TADDRESS</u>) | | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE | | | | |
| (Mauing address MAT BE A FOST OFFICE | CE BUA) | | | |
| | | | | |
| | | | | |
| D. If amending the registered agent and/or r new registered agent and/or the new regis | | | da, enter the nan | ie of the |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | (Florid | la street address | ·) | |
| | | | . Florida | |
| | (City) | , | (Zip Code) | |
| New Registered Agent's Signature, if changing | ng Registered Ag | ent: | | |
| I hereby accept the appointment as registered a | | | ept the obligation | s of the position. |
| | | | | |
| S | lignature of New . | Registered Agen | t, 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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--|--|----------------|
| VP_ | Alex Russo | 3552 Son Opper Di Apt 4 Boynton Beach, Fi | _ |
| | | | . |
| | | | |
| | nding or adding additional Article additional sheets, if necessary). | | |
| | | | |
| | | | |
| provis | | ange, reclassification, or cancellation of Iment if not contained in the amendmen | |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment | (s) adoption: $9/24/09$ |
|--|--|
| Effective date <u>if applicable</u> : | 9/24/25 (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statemend 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) |
| _ | |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | 124/05 |
| | |
| sele | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | Thewdore Russo (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |