P09000021300

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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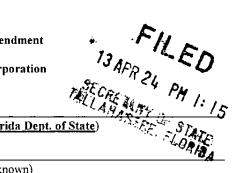
APR 2 9 2019 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Michelle an	d Dave Ultimate	Car Care
DOCUMENT NUMI	BER: P0900002430	0	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Michelle Percival		
		Name of Contact Person	1
		Firm/ Company	
	8301 ML King St.	• •	
		Address	
	St. Petersburg, F		
		City/ State and Zip Code	3
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Michelle Per	cival	_{at (} 727-	
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



Michelle Dave Ultimate Car Care, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

p09000024300

(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:

name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc,'	or "Co". A professi	or "incorpora onal corporation	ited" or the abbr on name must con
3. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>		N/A		
	cable:	 N/A		
(Mailing address MAY BE A POST C		<u> </u>		
(Mailing address MAY BE A POST of the second	<u>OFFICE BOX</u>) d/or registered office	address in Florida, e	nter the name	of the
(Mailing address MAY BE A POST (d/or registered office v registered office ad	address in Florida, e dress:	nter the name	of the
. If amending the registered agent an new registered agent and/or the new	d/or registered office v registered office ad	address in Florida, e	enter the name	of the

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 Doe</u>	
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>	
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			- 11
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	
(Attach additional sheets, if necessary).	(Be specific)
N/A	
	
	<u> </u>
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
IN/A	
	· · · · · · · · · · · · · · · · · · ·
	

The date of each amendment(s) ad	option: 4-22-13
Effective date if applicable: N/A	<i>,</i>
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east t	or the amendment(s) was/were sufficient for approval
by	,,
	(voting group)
☐ The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder
Dated 4 a	23
Signatur	idend
	rector, president or other officer – if directors or officers have not been
	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
прреши	,
	1h. tercival
_	(Typed or printed name of person signing)
-	TYES
	(Title of person signing)