# POMWUII BRZ

(Re	equestor's Name)	_
(Ad	ddress)	_
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	_
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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Office Use Only

5-26-09



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SECRETARY OF STATE ALLAHASSEE, FLORID

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Auto Max Automotive, Inc.				
DOCUMENT NUMBER: P09000041282				
The enclosed <b>Articles of Amendment</b> and fee are	submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Kristina Marie Shiflette (Name o	of Contact Person)			
	,			
Auto Max Automotive, Inc.				
(Fin	m/ Company)			
101 W Oak Ridge Rd	(Address)			
Orlando, FL 32809				
(City/ St	ate and Zip Code)			
For further information concerning this matter, pleas	e call:			
	-4 407 000 5000			
Kristina Marie Shiflette (Name of Contact Person)	at <u>407-620-5028</u> (Area Code 8	Daytime Telephone Number)		
Enclosed is a check for the following amount made	payable to the Florida Departme	ent of State:		
X \$35 Filing Fee \$43.75 Filing Fee &	\$43.75 Filing Fee &	\$52.50 Filing Fee		
Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy		
	enclosed)	(Additional Copy is enclosed)		
Mailing Address	Street Address			

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

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

ATX1

# **Articles of Amendment** to **Articles of Incorporation**

FILED 2009 MAY 19 PM 10: 33 TALLAB TARY OF STA

of

(Name of Corporation as currently filled with the Florida Dept. of State)  P09000041282  (Document Number of Corporation (if known)  Irrsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the flowing amendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If a new name must be distinguishable and contain the word "corporation," "company," or recorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or or recorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or corporation," or the abbreviation "P.A."  Enter new principal office address, if applicable:  If amending office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida  (City)  Florida  (Zip Code)	Auto Max Automotive, Inc.			MASSES SIATE
(Document Number of Corporation (if known)  arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the lowing amendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or corporated" or the abbreviation name must contain the word "chartered," "professional sociation," or the abbreviation "P.A."  Enter new principal office address, if applicable:  If amending office address MUST BE A STREET ADDRESS)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  (City)  Florida  (City)  Florida  (Zip Code)	(Name of Corporation as c	urrently filed with	the Florida Dep	t. of State) CE, FLORIDA
Irrsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the lowing amendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending corporation name must contain the word "corporation," "company," or corporation or corporation in the word "corporation," "rempany," or corporation in the designation "Corp," "Inc," or co.," or the desi	P09000041282			
le new name must be distinguishable and contain the word "corporation," "company," or corporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or O'. A professional corporation name must contain the word "chartered," "professional sociation," or the abbreviation "P.A."  Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida (City)  (Zip Code)	(Document N	lumber of Corporation	on (if known)	<del>-</del>
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, Florida, City) (Zip Code)  w Registered Agent's Signature, if changing Registered Agent:	<u>Name of New Registered Agent.</u>			
, Florida, City) (Zip Code)  w Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	(Florida s	street address)	· · · · · · · · · · · · · · · · · · ·
(City) (Zip Code)  w Registered Agent's Signature, if changing Registered Agent:	, ton , togate, ou on the real cost	·	•	Florida
		<del></del>	(City)	·
ereby accept the appointment as registered agent. I am tamiliar with and accept the obligations of the				
sition.	• • • • • • • • • • • • • • • • • • • •	1 agent. I am familiai	r with and accep	t the obligations of the
Signature of New Registered Agent, if changing	Sic	anature of New Rea	istered Agent. if	<u> </u>

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>	Address	Type of Action	
Pres/Trea	Jack J. Shiflette, Jr.	101 W Oak Ridge Road	Add	
		Orlando, FL 32809		
Pres/Trea	Kristina Marie Shiflette	101 W. Oak Ridge Road	X Add	
		Orlando, FL 32809	Remove	
			Add	
			Remove	
E. If amending	or adding additional Articles, ente <u>r</u> chai	nge(s) here:		
	itional sheets, if necessary). (Be specific)			
		<del></del>		
	C-100-1			
		- <del> </del>		
r Hanaman	lment nyavidas fau an avahanna rocional	fination or concellation of incur	d shares	
·	F. If 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 app	licable, indicate N/A)			
		A section of the sect	· ••·	
			***	
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Α	uto Max Automotive, Inc.			ATX1
The	date of each amendmen	t(s) adoption:	5/12/2009	· 
Effe	ctive date if <u>applicable</u> :			
		(no more than 90 d	ays after amendment file date)	
Ado	ption of Amendment(s)	( <u>CHEC</u>	K ONE)	
X	The amendment(s) was/v		shareholders. The number of votes cast for the a proval.	amendment(s)
			shareholders through voting groups. The followir roup entitled to vote separately on the amendme	
	"The number of vot	es cast for the amend	dment(s) was/were sufficient for approval	
	by			
		(voting group)		
	The amendment(s) was/vaction was not required.	were adopted by the b	poard of directors without shareholder action an	d shareholder
	The amendment(s) was/vaction was not required.	were adopted by the i	ncorporators without shareholder action and sh	areholder
	Dated	5-15	<del>-09</del>	
	Signature		nt or other officer – if directors or officers have not be orator – if in the hands of a receiver, trustee, or othe that fiduciary)	
			stina Marie Shifletied or printed name of person signing)	te
			(Title of person signing)	_