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(Re	equestor's Name)		
(Ad	ldress)		
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(Document Number)			
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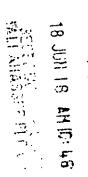
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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Shildh Tive & Lube The DOCUMENT NUMBER: PO 90000 70 585				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
DAMY W FORSYTAE Name of Contact Person Shill Tire & Lube Inc Firm/ Company 91895 OUPISERS HALLAY Address THURING FLA 33070 City/ State and Zip Code Meldyes vee a majer coll E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: 14 (204) + HINAS at (305), 894-9099				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				

Mailing Address

TO: Amendment Section

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

Street Address

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

Articles of Amendment

	Articlęs 01	Incorporation	
31 1 1-	- And	of	-
SHIAN	live be	Whe	Linc.
(Na	ame of Corporation as curr	ently filed with the Fl	orida Dept. of State

(Name of Corporation as currently filed with the Florid	a Dept. of State)
(Document Number of Corporation (if known	1)
6 1 (07 100¢ Fl. '1 Fr. 1 1 Pr. C. C.	
suant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> Articles of Incorporation:	inon adopts the following amendment(s
If amending name, enter the new name of the corporation:	
	The new
e must be distinguishable and contain the word "corporation," "company," or "i	
orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional of d "chartered," "professional association," or the abbreviation "P.A."	corporation name must contain the
a charterea, projessional association, or the across ration 1 in:	enh
Enter new principal office address, if applicable:	<u> </u>
ncipal office address <u>MUST BE A STREET ADDRESS</u>)	
	5 5 =
	<u> </u>
Enter new mailing address, if applicable:	및 프 10
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	ි සි
If amending the registered agent and/or registered office address in Florida, enter t	the name of the
new registered agent and/or the new registered office address:	He Hame of the
MPINDUP SUP HEINT	·PS
Name of New Registered Agent 1910/74 20 1911	11. 10 1 10 10 VALOV F
91875 011813415	GULF PHOYMEY
(Florida street address)	, / 500
New Registered Office Address: SN-KIC QG AWOVE	, Florida
Cind	(Zip Code)
(City)	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signalure 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 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> John	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	Vice Drogotal	Molopico Hanne T	1 AVERNIEV LIA
Remove			33170
2) Change	Secretary	Christina Ann Stee	ele 1720 NW10 street Horrestead FL 33030
Remove 3) Change	Secretary	Dustin Mainst	unknown
Add Remove			
4) Change	<u>S</u> _	JAqueline Alpers	91825 Overseas Huy Tavernier, FIG
Remove			33070
5) Change			
Add			
6) Change			
Add			
Remove			

amenging or add tach <i>additional sh</i>	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)
	
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an amendment n	rovides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for imp</u>	lementing the amendment if not contained in the amendment itself:
(if not applica	ble, indicate N/A)
	11
	Υ / / /
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	1

The date of each amendment(s) adoption:	June	11-1-	2018	, if other than the
late this document was signed.	t		a = 10/	
Effective date <u>if applicable</u> :	June	14	2016	
	(no more than 90	days after an	nendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o		ble statutory	filing requirements, this d	ate will not be listed as the
Adortion of Amendment(s) (Cl	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		number of vo	es cast for the amendment	(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				nent
"The number of votes cast for the ame	endment(s) was/were	sufficient for	approval	
by PSID	ft T		19	
	oting group)			
The amendment(s) was/were adopted by the action was not required.	e board of directors w	vithout sharel	older action and sharehold	der
The amendment(s) was/were adopted by the action was not required.	e incorporators witho	ut shareholde	r action and shareholder	
Dated Dill	20178	}		
Signature	(an F)			
(By a director, pre			rs or officers have not been	
•	corporator – if in the ry by that fiduciary)	hands of a re	ceiver, trustee, or other co	urt
appointed fiducia.	ry by mat nuuciary)	, ,		
	y Mult	<u>J. †</u>	orsc/Tre	<u>.</u>
	(Typed or printed na	ame of persor	i signing)	
	M f	'SID-	er!	

(Title of person signing)