# PUUNOIAUOS

(Requestor's Name)	
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(Address)	200101
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	02/22/10
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ME OF CORPORATION: BETAO TIRES & AUTO SERVICES, CORP.					
DOCUMENT NUMBER:	MENT NUMBER: P10000012004					
The enclosed Articles of Amendmen	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence cor	accerning this matter to the following:					
	CARLOS A MENDONCA					
	Name of Contact Person					
Firm/ Company						
	2011 N DIXIE HWY Address					
	POMPANO BEACH FL 33060  City/ State and Zip Code					
UNIONHSA@YAHOO.COM  E-mail address: (to be used for luture annual report notification)						
For further information concerning t	this matter, please call:					
CARLOS A MENDON						
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 \$43.75 Filing Certificate of						
Mailing Address 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 to Articles of Incorporation of

# BETAO TIRES & AUTO SERVICES, CORP.

iv filed with the Florids 00012004 or of Corporation (if know	Dept. of State)	6 M
		alian O.
i of Corporation (if know	vn)	
Florida Statutes, this <i>Fl</i>	orida Profit Corporation	adopte the following
<u>ie corporation:</u>		702 70
TIRES, CORP.		The new
signation "Corp," "Inc,	" or "Co". A profession	porated" or the population
able:		
<u>4DDRESS</u> )		
istered office address in	ı Florida, enter the nam	e of the
	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
(Florida street a	ddress)	
(2 02.100 000.0		
(2 101 1000 017 007 0	, Florida	
	FIRES, CORP.  word "corporation," issignation "Corp," "Inc, sional association," or it able:  ADDRESS)  BOX	TIRES, CORP.  word "corporation," "company," or "incorposition "Corp," "Inc," or "Co". A profession sional association," or the abbreviation "P.A."  able:  4DDRESS)  BOX

# 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			
			Add Remove			
			Add Remove			
E. If amendin (attach addi	g or adding additional Articles, enter clional sheets, if necessary). (Be specific	hange(s) here:				
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 applicable, indicate N/A)						
	· · · · · · · · · · · · · · · · · · ·		<del></del>			

The date of each amendment(s) adoption: 02/16/2010				
(date of adoptio	n is required)			
Effective date if applicable:  (no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)			
The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to a				
"The number of votes cast for the amendment(s) was/were	sufficient for approval			
by	,,,			
(voting group)				
The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder			
The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder			
Dated 02/16/2010 Signature X				
(By a director, president or other officer – if directors or officers have not been				
selected, by an incorporator – if in the hands of a receiver, trustee, or other court				
appointed fiduciary by that fiduciary)				
CARLOS A M	ENDONCA			
(Typed or printed name	e of person signing)			
PRESI	DENT			
(Title of person signing)				