P10000034110

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	> #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Brothers Auto Inc			
DOCUMENT NUME	P10000034110			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	Billy Stewart			
		Name of Contact Person		
		Firm/ Company		
	8031 Ebersol Rd			
		Address		
	Jacksonville, FL., 32216			
		City/ State and Zip Code	•	
vandl	oacc@gmail.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
Billy Stewart		at (904	509-1855	
Name of Contact Person		at (904) 509-1855 Area Code & Daytime Telephone Number		
Enclosed is a check fo	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.	ding Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

ωf

FILED

Brothers Auto Inc		•	PH 12: 20
(Name (of Corporation as currently	filed with the Florida De	pisot state)
P10000034110			SESTE TRANS OF STATE TALEAHASSEE, FLORIDA
	(Document Number of C	Corporation (if known)	MEM
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
-			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpo	
B. Enter new principal office address,	if applicable:	1172 EII	is rood south
(Principal office address MUST BE A S		Jooksani	111e FI 32205
			1110000
C. Enter new mailing address, if appli		uaz Gui	S Cood South
(Mailing address MAY BE A POST OFFICE BOX)			S road South
	·	Jacksonvil	le, F132205
			·
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the n	ame of the
Name of New Registered Agent	Sarah Al menkar		
Hame of her hegins on high	1306 Neva st		
	(Florida stree	n address)	
New Registered Office Address:	Jacksonville		, Florida 32205
	(0	City)	(Zip Code)
New Begistered Agent's Signature if a	hanging Degistered Agents		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligati	ons of the position.
• /	C h /	71 Montar	
Ý	()//roll F	7 11 <i> </i>	

Signature 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.

X Change	<u>PT</u>	John Doe	
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	P	Danial Haddad	1172 Ellis Road South
Add			Jacksonville, FL 32210
X Remove			
2) Change	P	Sarah Al menkar	1306 Neva St
X Add			Jacksonville, FL 32205
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change	<u></u>		
Add			
Remove			

	ling additional Ar heets, if necessary).	. (Be specific)				
						 -
						
		<u> </u>				
						<u></u> -
	_					
						-
						
						
						.
		<u>.,</u>				
an amendment i	provides for an ex	change, reclassif	ica <u>tion, or</u> canc	ellation of issue	d-shares,	
provisions for im	plementing the anuble, indicate N/A)	<u>iendment if not c</u>	ontained in the	amendment its	<u>elf:</u>	
(у ны иррнои	mic, marcare (m/r)					
<u> </u>		<u></u>				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemed must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 without shareholder action and shareholder action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated X $7-24-2015$	
Signature X Sarah Al Menkar	
(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 cour appointed fiduciary by that fiduciary)	t
Sarah Al menkar	
(Typed or printed name of person signing)	
President	
(Title of person signing)	