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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ADRIAN	A TIRES	
DOCUMENT NUMBI	er: P100000	78830	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Ben	son Charles Name of Contact Person	
		Firm/ Company	
_	13719	NW7 AVE	
	~	Address	. 0
-	17) A	mi FL 3316 City/ State and Zip Cod	e
<u> </u>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Benso	n Charles	at (305	, 688-7010
	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amen Divis P.O. 1	ng Address Idment Section Ion of Corporations Box 6327 Inassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to

Articles of Incorporation

FRED
FRED SCORETARY OF ATAIN DIVISION OF CORPURATION
DIVISION OF CONFURST FOR

4	of	DIVISION OF CORPURATION
Adr:	and Tires I	15 SEP 29 AM 11:00
(Name of Corpo	oration as currently filed with the Florida	
	P100000 7883	3D
(D	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	orida Statutes, this Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A professional co	The new ncorporated" or the abbreviation orporation name must contain the
B. Enter new principal office address, if applic		
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	
D. If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address in Florida, enter there	ne name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: nt. I am familiar with and accept the oblig	gations of the position.
·	Signature of New Registered Agent if cham	aina

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	· Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	TRINIDAD PRIETO	2379 SW 95T #4
Add			MIAMI FL 33/35
X Remove			
2) Change	PT	HARLEM M ROSARIO	1000 NW 108 TEXX
X Add			MIAMI FL 33168
Remove		•	
3) Change			
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		•	
Add			
Remove			

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)	f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N/A)	provisions for implementing the ame	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	SECOND PROPERTY.
Effective date if applicable:	SECRETARY OF STARY DIVISION OF GOLDINATION
Effective date <u>if applicable</u> : (no more than 90 days after a	mendment file date) 15 SEP 29 AM : 00
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of voby the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gr must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient fo	or approval
by	,,,
by	
The amendment(s) was/were adopted by the board of directors without share action was not required. The amendment(s) was/were adopted by the incorporators without sharehold	•
action was not required.	
Dated	
Signature (By a director, president of other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
TRINIDA O ZEA (Typed or printed name of person	Pricelo
(Typed or printed name of person	on signing)
PRESIDENTE.	
(Title of person sign	ning)