## P110000029125

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(Ad	dress)	
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C. LEVVIS

MAY 2 0 2019

EXAMINER

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: kwick lube	busch blvd inc	
	BER: p1100002912		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	iter to the following:	
	chokri chehimi		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
	kwick lube busch	blvd	
		Firm/ Company	
	2201 e busch blv	<u>d</u>	
		Address	
	tampa florida 336	12	
		City/ State and Zip Code	8
tan	npaclk430@hotma	ail.com	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
chokri chehir	ni	at(813	, 9352707
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	S43.75 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)
	iling Address		Address
	endment Section is in the control of Corporations		Iment Section on of Corporations
	), Box 6327		Building
Tal	lahassee, FL 32314		xecutive Center Circle
		Tallaha	assee, FL 32301



Articles of Amendment to Articles of Incorporation of



kwick lube busch blvd Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
p11000029125
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
chucky's muffler and auto repair inc
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. 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
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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

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 Remove  Y Mike Ignes  X Add  SV Sally Smith  Type of Action (Check One)  1) Change Add Remove  2) Change Add Remove  3) Change Add Remove  4) Change Add Remove	Example: X Change	PT John	<u>Doc</u>	
Type of Action (Check One)    Change	X Remove	V Mike	<u> Jones</u>	
(Check One)  1) Change Add Remove  2) Change Add Remove  3) Change Add Remove  Add Add Add Add Add Add Add Add Add A	_X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Add Remove  2) Change Add Remove  3) Change Add Remove  4) Change Add Add Add Add Add Add Add Add Add Ad	Type of Action (Check One)	Title	Name	<u>Addres</u> s
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14 MAY 12 AM 10: 52 if other than the The date of each amendment(s) adoption: date this document was signed. 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 number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated\_5/6/2014 (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) chokri chehimi (Typed or printed name of person signing) president (Title of person signing)