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SECRETARY OF STATE

APPROVED AND FILED

C. LEWIS NOV 2.1 2013 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporation			·
NAME OF CORPOR	DAI DAAD	Vorld and A	huto Care Corp.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
_	Ena.J.	<u> Jimenet</u>	
	Tire Wo	Name of Contact Perso	o Care Corp.
915 SW 107 AVE			
_	Miami, Address 33174		
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, pleas	se call:	
<u>Enal.Jim</u>	enet	at (305_	834-0029
	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State;
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ing Adduses	Stroot	Addusco

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

AND

13 NOV 15 PM 3: 40

Articles of Amendment

Articles of Incorporation

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Tire World and Auto Care Corp	
(Name of Corporation as currently filed with the Florida Dept. of State) P 11 8080 (090 4 10	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendm its Articles of Incorporation:	ent(s) to
A. If amending name, enter the new name of the corporation: The new	w
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "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."	n
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 Name of New Registered Agent	
915 SW 107 AVL (Florida street address) 32174	
New Registered Office Address: (City), Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familian 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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Juergen Tiverino	915 SW 107 Ave
Add Remove		9	Miami, TL 3317
2) Change Add	P	Ena J. Jimenez	915 SW 107th Ave Miami . FL 33174
Remove			
3) Change Add			
Remove			- 1-3
4) Change			
Add Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

И	_	(Be specific)
17	4	
	11	
		
	<u> </u>	
Ifan	amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
prov	isions for implementing the ame	
prov	amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares,
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prov	isions for implementing the ame	hange, reclassification, or cancellation of issued shares,

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The date of each amendment(s) adoption	: November 8, 2013	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Effective date if applicable:		
	(no more than 90 days after amendment file d	late)
Adoption of Amendment(s)	(CHECK ONE)	
☐ 'The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the for approval.	amendment(s)
	by the shareholders through voting groups. <i>The follo oting group entitled to vote separately on the amend</i>	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and sh	areholder
Dated Novem	oer 8, 2013	
Signature	- Jack	
	president or other officer – if directors or officers had incorporator – if in the hands of a receiver, trustee,	
	iciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President Registe (Title of person signing)	red Agent