P1100093286

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	™ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
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JUL 29 2016 R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: MOTORWORKS OF Florida, Inc. DOCUMENT NUMBER: P110000 93286
DOCUMENT NUMBER: <u>P11 0000 93 28 Φ</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANGELA UNRUE Name of Contact Person
motorworks of Florida, Inc
motorworks of Florida, Inc Firm/Company 2913 S. Orlando or Suite 550 Address
Sanford, FL 32773 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angela Unve at (407) 321-3013 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

2661 Executive Center Circle Tallahassec, FL 32301

Articles of Amendment

Articles of Incorporation

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to

Watar	DOMS D	of Horio	JOE JULTES AM 10: 09
(<u>Name</u>	of Corporation as current	ly filed with the Fl	TALL STATE OF State (1) 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
	(Document Number of	of Corporation (if kn	own)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Cor	poration adopts the following amendment
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or	"Co". A profession	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		Suite	S. Orlando PR 550
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		2913 Suite	rd, FL 32773 S. Orlando DR 2 550 Gord, FL 32773
D. If amending the registered agent ar new registered agent and/or the ne			er the name of the
Name of New Registered Agent			
New Registered Office Address:	Canca		r Suite 550 , Florida 32773
		(City)	(Zip Code)
New Registered Agent's Signature, if e I hereby accept the appointment as regis.			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	PT John	Dog	
-			
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	<u> </u>	Allen D. UnruE	2913 S. orlando DR.
Add			Suite 550
Remove			Sanford, FL 32773
2) X Change	<u>V</u>	ANGELA D UNRU	E 2913 S. ORlando Or
Add			Suite 550
Remove			Sanford Fr 32773
3) Change	51	ANGELA O UNRVE	
X Add			
Remove			
A) (I)			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 01			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -
T-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and and an analysis of the angle of th
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: _,	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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.	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.	
☐ 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	
by	
(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 1/18/2016	
Signature (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)	
4 . •	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
OOF	

(Title of person signing)