# P11000095239

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T. LEWIS

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CODDOD	ARSCAR AL	JTO CARE CENT	ER, INC
DOCUMENT NUMB	DAADOODE		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
,	R	AMON CEBAI	LOS
	ARSCAR	Name of Contact Person AUTO CARE CEN	
•	9106 PH	Firm/ Company IILLIPS GRO\	/E TERR
·	ORL	ANDO, FL 328	
	JEREZRAQUI		UTH.NET
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
RAMON (	CEBALLOS	_at (305	972-5015
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
<b>\$35</b> 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 Divis P.O.	Iling Address Inducent Section Ission of Corporations Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building

Tallahassee, FL 32301

#### Articles of Amendment to

## Articles of Incorporation

12 JUN -4 AHII: 37

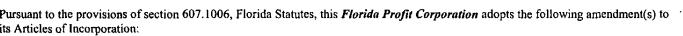
SEDENTIAL STATE
ALLAHASSEE ME ORIOA

# ARSCAR AUTO CARE CENTER, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

### P11000095239

(Document Number of Corporation (if known)



If amending name, enter the new name of the corporation:			
me must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of ord "chartered," "professional association," or the abbreviatio	· "Co". A professional corporation name must		
Enter new principal office address, if applicable:	8907 S ORANGE BLOSSOM TRAIL		
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	ORLANDO, FL 32809		
	8907 S ORANGE BLOSSOM TRAIL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8907 S ORANGE BLOSSOM TRAIL		
	ORLANDO, FL 32809		
	ORLANDO, FL 32809		
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office a new registered agent and/or the new registered office address Name of New Registered Agent	ORLANDO, FL 32809		
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office a new registered agent and/or the new registered office address:  (Florida New Registered Office Address:	ORLANDO, FL 32809  Iddress in Florida, enter the name of the ess:		

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 Add Remove			
2) Change Add Remove			
3 ) Change Add Remove		<u> </u>	
4) Change Add Remove	<u> </u>		
5) Change Add Remove			
6) Change Add Remove			

•	If amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)				
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			ion or cancellati	an of leeped the	res.
provisions for imp	rovides for an exch lementing the ame ble, indicate N/A)	ange, reclassificat	ained in the ame	on or issued sha ndment itself:	
provisions for imp	lementing the ame	ange, reclassificat	ained in the ame	on of issued sha ndment itself:	
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provisions for imp	lementing the ame	ange, reclassificat	ained in the ame	ndment itself:	
provisions for imp	lementing the ame	ange, reclassificat	ained in the ame	on or issued sha	
f an amendment provisions for imp (if not applicab	lementing the ame	ange, reclassificat	ained in the ame	ndment itself:	

The date of each amendment(s) a	doption: 05/24/2012
Effective date <u>if applicable</u> : 05	5/24/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
	24/2012
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	RAMON CEBALLOS
	(Typed or printed name of person signing)
	President
	(Title of person signing)