Division of Corporations
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Account Number : I20100000034

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Fax Number : (305)698-8172

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

MILLER AUTO SERVICE & TIRE CORP

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October 5, 2015

FLORIDA DEPARTMENT OF STATE

MILLER AUTO SERVICE & TIRE CORP Division of Corporations

10597 SW SETH STREET MIAMI, FL 33165

SUBJECT: MILLER AUTO SERVICE & TIRE CORP

REF: P11000098187

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

ONLY ONE BOX SHOULD BE SELECTED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions soncerning the filing of your document, please c=11 (850) 245-6050.

Darlene Connell Regulatory Specialist III FAX Aud. #: H15000235649 Letter Number: 515A00020938

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X

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October 2, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MILLER AUTO SERVICE & TIRE CORP 10697 SW 56TH STREET MIAMI, FL 33165

SUBJECT: MILLER AUTO SERVICE & TIRE CORP

REF: P11000098187

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document was not submitted with the electronic filing cover sheet. Please resubmit the cover sheet with the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III FAX Aud. #: H15000235649 Letter Number: 415A00020848

P.O BOX 6327 - Tallahassec, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations MILLER AUTO SERVICE & TIRE CORP. NAME OF CORPORATION: P11000098187 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RICARDO MARTÍNEZ Name of Contact Person M & M ASSOCIATES Pirm/Company 2350 West 84th Street Suite 7 Address HIALBAH, FL 33016 City/ State and Zip Code r.martinez@mmassociatesg.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICARDO MARTINEZ Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fce \$35 Filing Fee □\$43.75 Filing Fcc & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassoc, FL 32314

Tallahassee, FL 32301

(((H15000235649 3)))

Articles of Amendment to Articles of Incorporation of

MILLER AUTO S	Service & Tire corp.	
· · · · · · · · · · · · · · · · · · ·	rently filed with the Florida Dant, of State)	
P1100009	981987	
(Document Numb	per of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, s Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen	nl(s) lo
If amending name, enter the new name of the corneration	<u>и</u> .	
	The new	
ome must be distinguishable and contain the word "corpor Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or ord "chartered." "professional association." or the abbreviati	ration," "company," or "Incorporated" or the abbreviation or "Co". A professional corporation name must contain the	;
, <u>Knter new urincipal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1 5 0
. If amending the registered agent and/or registered office n new registered agent and/or the new registered office addi	address to Florida, enter the name of the ress.	CT-I PH
Name of New Registered Agent		٠: 0
***	Serv	£
(Fjorida	u street (ddress)	
New Resistered Office Address:	(City) , Florida (Zip Code)	
	(City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agereby accept the appointment as registered agent. I am familia	usni: iar with and occept the abligations of the position. The Registered Agent, if changing	

Page 1 of 4

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If amending the Officers and/or Directors,	enter the title and name of each officer/direc	or being removed and title, name, and
address of each Officer and/or Director beh	ng 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= Trusten; 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: XChango	<u>PT</u>	John Do	<u> </u>				
X Remove	<u>v</u>	Mike Jones					
X Add	SY	Solly Sn	Solly Smith				
Type of Action (Check One)	Title	5.5 (0)	Name	Address			
1) Change	D, Š	_	MARTIN BLOISB	5540 Miami Gardens Dr			
X Add	_			Miami Cardona Fi 33055			
itemave							
2) Change							
Add							
Remove							
3)Change							
Add							
Remove							
4)Change		_		<u></u>			
Add							
Remove							
5) Change							
Add							
Remove			•				
							
6)Change							
Add							
Remove							

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itach ad	ing or adding additional sheets, if m	ional Afticles. cassary). (80	enter changes specific)	ı) hore:			
							
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i an am provisio (if n	endment provider l ons for implementing not applicable, indica	for an exchange in the amendmi air NA)	t reclassification if not conti	on, or cancellat	ion <u>of lasted sh</u> ndm ont itself :	ares.	
							· · · · ·

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The date of each amendment(s		If other than the
date this document was signed:	8eptember 29, 2105	•
Effective date if applicable:	(no more than 90 days ofter amendment file date)	
Note: If the date inserted in the document's effective date on the	: is block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend a sufficient for approval.	iment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendments.	
"The number of votes c	east for the amendment(s) was/were sufficient for approval	
by	(voling group)	
The amendment(s) was/were action was not regulated.	adopted by the board of directors without shareholder action and shareholder	reholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehol	lder
Septer Dated	mber 30, 2015	
Signature	Marie	
scio	a director, president of other afficer—if directors or officers have not cted, by an incorporator—if in the hands of a receiver, trustee, or other fiduciary by that fidecipry)	t been er court
	Miquelina Bloise	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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