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SECRETARY OF STAN

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION; MMC	occilente Auto Touch)		
The enclosed Articles of Amendment and fee are su	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Arlles	Name of Contact Person			
Immae	late auto Touch			
6014	JU 67 m are			
Tamara	Address City/State and Zip Code			
Mayyann 59 E-mail address: (to be us	sed for future annual report notification)			
For further information concerning this matter, pleas	se call:			
artles anderson Name of Contact Person	at (<u>QS4</u>) <u>SI7-ISSO</u> Area Code & Daytime Telephone Number	_		
Enclosed is a check for the following amount made	payable to the Florida Department of State:	7 % 13 %	3	
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	CRETARY OF ST	DEC 18 PH 4	FIED
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	151 151 151 151 151 151 151 151 151 151	1: 4:5	

Articles of Amendment to Articles of Incorporation Articles of Incorporation One of Corporation as currently filed with the Florida Dept. of State) Pl20001726 (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: The new name, enter the new name of the corporation: The new 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." or the designation "Corp." "Inc.," or "Co." or the designation "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: in Florida, enter the name of the new registered agent and/or the new registered office address:

D. If amending the registered agent and new registered agent and/or the new	or registered office address in Florida, enter the na registered office address:	me of the		
Name of New Registered Agent		_		
-	(Florida street address)			
New Registered Office Address:	, Florida	<u> </u>		
	(City)	(Zip Code)	껎	
New Registered Agent's Signature, if cha	nging Registered Agent:	ORETAR AHASS	0EC 18	
	ed agent. I am familiar with and accept the obligation	ns of the position \mathbb{R}^n	70	
•			÷: ≃	
Sign	ature of New Registered Agent, if changing	· 第至	£.	
		·		

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)	Title	<u>Name</u>	<u>Address</u>
1) Change			
Add Remove			
2) Change			
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			· · ·
4) Change			
Remove			
5) Change			•
Add Remove			
6) Change			
Add Add			
Remove			

E. If amending	or adding additional Arti	cles, enter change(s) here:	
(Attach additi	ional sheets, if necessary).	(Be specific)		
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provisions i	or implementing the amen	idment ii not conta	inea in the amenam	ent itseit:
(ij noi a _l	pplicable, indicate N/A)			
<u> </u>			<u> </u>	
				

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)	, if othe	er than the
Adoption of Amendment(s) (CHECK ONE)		
De 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 Dated 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) Ordersory		
Typed or printed name of person signing) TYPESI de W		
(Title of person signing)	13 DEC 18 PH 4: 4 SECRETARY OF STATE TALLAHASSEE, FLORE	TEEU