P12000037085

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Division of Corporations TIRES 4 WOMEN, INC. NAME OF CORPORATION: 12000037085 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHANA D. MONTENEGRO Name of Contact Person TIRES 4 WOMEN, INC. Firm/ Company 7704 SW 84TH CT Address MIAMI, FL 33143 City/ State and Zip Code amguillenea@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOHANA D. MONTENEGRO 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: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tires 4 Domen, Inc	•
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P12000037085	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	12 AUG 28
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	AH D: 18
D. If amending the registered agent and/or registered office addressines registered agent and/or the new registered office address;	ss in Florida, enter the name of the
Name of New Registered Agent JOHANA D. MON	ITENEGRO
(Florida stree	t address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am jamilian wi Signature of New Registered ag	th and accept the obligations of the position. SIGNHERE ent, 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.

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>	Address
1) Change	Р	JOANNE MONTENEGRO	250 CATALONIA AVE STE. 400
Add			CORAL GABLES, FL 33134
X Remove			
2) Change	Р	JOHANA D. MONTENEGRO	250 CATALONIA AVE STE. 400
X Add			CORAL GABLES, FL 33134
Remove			· ·
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add	***************************************		
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			
Remove		•	

If amending or adding additional Articles, enter change(s) in Attach additional sheets, if necessary). (Be specific)	··········
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All and the state of the state	
	· .
If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	, or cancellation of issued shares,
(if not applicable, indicate N/A)	<u>ied in the amendment itself:</u>
(ij noi applicaole, maicale WA)	,
· · · · · · · · · · · · · · · · · · ·	Market Company of the
· · · · · · · · · · · · · · · · · · ·	
·	

The date of each amendmen	t(s) adoption: 8/1/2012	<u></u>
Effective date if applicable:	4/19/2012	
Effective date <u>ir applicable</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder.	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
_{Dated} 8/6	/2012/	
Signature _	Sphane J- Martin	SIGNICETE
	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ppointed fiduciary by that fiduciary)	
	JOHANA D. MONTENEGRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	