# P12000043331

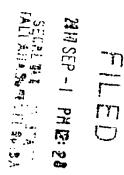
(Re	questor's Name)	<del></del>
bA)	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Amend

SEP - 6 2017 I ALBRITTON

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CHARLI'S TIRE S	SHOP, INC.	
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	BLANCA EVA REYES		
		Name of Contact Perso	0
	CHARLES TIRE SHOP, INC	2.	
	· · ·	Firm/ Company	
	5280 LEE BLVD		
		Address	
	LEHIGH ACRES, FL 33971		
		City/ State and Zip Cod	e
TAX	SERVICES2010@HOTMAII	L.COM	
<del></del>		sed for future annual report	notification)
For further information	n concerning this matter, pleas		. 849-9572
Name o	of Contact Person	at ( Area Co	de & Daytime Telephone Number
	r the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, Fl. 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, F1, 32301

#### Articles of Amendment Articles of Incorporation of

## SER L CHARLI'S TIRE SHOP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P12000043331

ent(s) to

	(Document Number o	f Corporation (if known)	<b>6</b>
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendme
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "	Co". A professional corpore	orated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		5280 LEE BLVD	
		LEHIGH ACRES, FL 339	171
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		24 APACHE ST	
		LEHIGH ACRES, FL 339	36
D. If amending the registered agent an new registered agent and/or the new			ne of the
Name of New Registered Agent	BLANCA EVA REYES		
	24 APACHE ST		
	(Florida str	eet address)	
New Registered Office Address:	LEHIGH ACRES		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			s of the position.
, , , , ,		, , , , , , , , , , , , , , , , , , , ,	,,
į.	Husca Eve le	CURS egistered Agent, if changing	
	Signature of New Jo	egistered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
$X \setminus Add$	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	Р	CARLOS DELGADO	5625 YOUNGQUIST RD STE 17
Add			FORT MYERS, FL 33912
X Remove			
2) Change	Р	BLANCA EVA REYES	24 APACHE ST
X Add			LEHIGH ACRES, FL 33936
Remove			
3 ) Change			<del>-</del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			····
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
N/A	, -
	<u> </u>
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	· · · · · · · · · · · · · · · · · · ·
	<del></del>
F. If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

•	08/30/2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	202017	
Effective date <u>if applicable</u> :	30/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	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 cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
08/30/201 Dated	7	
4	A. A	
Signature		<del></del>
selecte	firector, president or other officer + if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	CARLOS DELGADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	