## 712000045364

(Re	equestor's Name)			
. (Ac	idress)			
· . (Ac	idress)	<u>-</u>		
(Cit	ty/State/Zip/Phone	#)		
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SECRETARIOSEE, FLONDA

JUN 0 9 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MILLER VI	NTAGE MOTOF	RWORKS, INC	
	<sub>BER:</sub> P1200004536			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Lena M Miller			
		Name of Contact Person	1	
	AMERICAN CLA	IMS REVIEW, I	NC	
		Firm/ Company		
	13 Seatrout Stree	et		
		Address		
	Ponte Vedra Bea	ch, Fl 32082		
		City/ State and Zip Cod	e	
ler	niller.acr@gmail.c	0m		
<del></del>		sed for future annual report	notification)	
		·		
For further information	on concerning this matter, pleas	se call:		
Lena M Mille	er	at ( 904	, 334-6883	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 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)	
Mailing Address		Street	Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
	D. Box 6327 lahassee, FL 32314		Clifton Building 2661 Executive Center Circle	
i attanassee, FL 52514		Tallahassee, FL 32301		

## **Articles of Amendment Articles of Incorporation**

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## MILLER VINTAGE MOTORWORKS, INC

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

(Document Number of Corporation (if known)

P12000045364

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ent(s) to

MERICAN CLAIMS RE		Inc. 2. Garage and 2. a.	
orp" "Inc" or Co.," or the design of "chartered," "professional associa	uation "Corp," "Inc." or	"Co". A profession	r incorporation name must
Enter new principal office address,		N/A	
ncipal office address <u>MUST BE A S</u>	TREET ADDRESS )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		<del></del>	
			er the name of the
new registered agent and/or the new			er the name of the
If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	w registered office addre		er the name of the
new registered agent and/or the new	w registered office addre		
new registered agent and/or the new	w registered office addre N/A  (Florida A	street address)	
<u>Name of New Registered Agent</u>	w registered office addre	street address)	

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	PT Joh	un Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>sv</u> <u>s</u> al	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PSD	Lena M Miller	13 Seatrout Street
Add			Ponte Vedra Beach, Fi
Remove			32082
2) Change	VTD	Larry M Miller	13 Seatrout Street
Add			Ponte Vedra Beach, Fl
Remove			32082
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
т т кепкоус			

	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	nent to Article III
rom: TI	he purpose for which this corporation is organized is: Restoration & Sales of
/intage	Motorcycles
o: The	purpose for which this corporation is organized is: Clinical and Financial
Auditing	Service for the Healthcare Sector
	nendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisi</u> ( <i>if</i>	ions for implementing the amendment if not contained in the amendment itself:  Thot applicable, indicate N/A)
<b>1/A</b>	

The date of each amendment date this document was signed.	(s) adoption: 21-Way-2014	if other than the
Effective date <u>if applicable</u> :	21-May-2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated 21-N Signature	May-2014	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	Lena M Miller	
	(Typed or printed name of person signing)	_
	PSD	- <del>-</del> -
	(Title of person signing)	

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