## P120000046105

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: FAST LANE OF (	CLERMONT INC.	
	12000046105		
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	
ANDR	ES VARGAS		
		Name of Contact Person	
FAST	LANE OF CLERMO	NT INC.	
		Firm/ Company	
1525 U	IS HIGHWAY 27TH		
		Address	
CLERI	MONT, FL 34714		
		City/ State and Zip Code	
GASSTATIO	ONSINFLORIDA@GI	MAIL.COM	
E-	mail address: (to be us	sed for future annual report r	notification)
For further information concer	ming this matter, pleas	se call:	
ANDRES R VARGAS		at ( 321	276-3446
Name of Conta	ct Person		e & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made [	payable to the Florida Depar	tment of State:
	\$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 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

## Articles of Amendment to Articles of Incorporation of

FAST LANE OF CLERMONT INC.

( <u>Name o</u>	f Corporation as currently	filed with the Florida Dept	. of State	)		
212000046105						
	(Document Number of	Corporation (if known)			_	<u> </u>
ursuant to the provisions of section 607.1 s Articles of Incorporation;	006, Florida Statutes, this $F$	lorida Profit Corporation ad	lopts the f	ollowi	ng ame	endment(s) to
. If amending name, enter the new na	me of the corporation:					
					_The	new
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associat	ution "Corp." "Inc," or "C	o". A professional corpora				
Enter new principal office address, i	f applicable:					
Principal office address <u>MUST BE A ST</u>	REET ADDRESS )					<del></del>
				· · · ·	<del>- 3</del>	
				, <u></u>	30	
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Enter new mailing address, if applie (Mailing address MAY BE A POST O					ယ	*
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			(A)	<del>-i</del>	. ₩	_
. If amending the registered agent and		ss in Florida, enter the nam	e of the			
new registered agent and/or the new	registered office address:					
Name of New Registered Agent	ANDRES VARGAS					
_	1525 US HIGHWAY 27TH				_	
	(Florida stree	t address)	<del></del> -			
N. D. L. L. L. C. C. L. L. L. C. C. L.	CLERMONT		34	4714		
New Registered Office Address:		ity)	Florida	Clin	Code	



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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	p	OKTAYER, FILIZ	1525 US 27th Hwy
Add Remove			Clermont, FL 34714
2) Change	р	Andres Vargas	1525 US 27th Hwy
xAdd			Clermont, FL 34714
Remove			~5
3) Change			
Add			<del></del>
Remove			<u> </u>
4) Change			<u> </u>
Add			
Remove			
51 Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			



. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary).—(Be specific)				
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If an amendment provides for an exchange, reclassification, or cancellation of issued s provisions for implementing the amendment if not contained in the amendment itself:	<u>nares,</u>	٠'.	_ <b>a</b>	-
(if not applicable, indicate N/A)			نٽ زن	
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		<b></b>		

OCTOBER 1ST, 2019	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.  OCTOBER 7TH, 2019	
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The 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.	<u>T</u>
OCTOBER 1ST, 2019	Ti
Dated	
Signature Just -	· <b>-</b> '
(By a firettor, president or other officer – if directors or officers have not preinselected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
OKTAYER, FILIZ	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)