P12000054815

(Re	questor's Name)	
V	,	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
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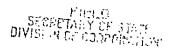
TÖ: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: FH AUTO PARTS	CORP.				
	BER: P12000054815					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	RUBEN D. TORO					
		Name of Contact Persor	1			
	RUBEN TORO P.A.					
		Firm/ Company				
	7901 KINGSPOINTE PKWY STE. 31					
	Address					
	ORLANDO FL 32819	•	·			
		City/ State and Zip Code				
ruber	ncpa@bellsouth.net					
	· -	ed for future annual report	notification)			
	•	•	,			
For further informatio	n concerning this matter, pleas	se call:				
Ruben D. Toro		aι (370-6445			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	r 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 Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



FH AUTO PARTS CORP.

15 SEP 28 PM 2: 38

TH AUTO PARTS CORP.			
(Name o	of Corporation as currently	filed with the Florida Dept.	. of State)
P12000054815			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new na	ıme of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpora	
B. Enter new principal office address,	if annlicable:		
(Principal office address <u>MUST BE A S</u>			
			<u></u>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
			
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nam	ne of the
new registered agent and/or the nev	HECTOR E. ARIZA	•	
Name of New Registered Agent	HECTOR E. ARIZA		
	2101 ORINOCO DR. STE.	3	
	(Florida stree	et address)	
New Registered Office Address:	ORLANDO		32837 , Florida
		City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist .	hanging Registered Agept: ered agent. I am familiar wi	ith and accept the obligations	s of the position.
	Signature of New Re	gistered 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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	DPST	_	HECTOR E. ARIZA	2101 ORINOCO DR. STE. 3
Add				ORLANDO FL 32837
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add			•	
Remove			•	
5) Change				
Add				
Remove				
6) Change				
Add				
Adu				
k emove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	· ,
f an amendment provides for an excl provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable indicate MIA)	
(if not applicable, indicate N/A)	
(у пог аррисавіе, іпаісате МА)	
(у пог аррисаоге, такаге N/A)	
(у пог аррисаоге, такаге N/A)	
(у пог аррисаоге, таксаге N/A)	
(у пог аррисаюте, таксате N/A)	
(y not applicable, indicate N/A)	

The date of each amendment(s	09/22/2015 adoption:	, if other than the
date this document was signed.	•	SECSETARY OF STATE
Effective date <u>if applicable</u> :		and the angle of the Contraction
	(no more than 90 days after amendment file date)	15 SEP 28 PM 2: 38
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following sto for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehold	er
09/22/2 Dated	015	
Signature	a director, Mesident or other officer – if directors or officers have not be	peen
	ected, by an incorporator – if in the hands of a receiver, trustee, or other	
	pinted fiduciary by that fiduciary)	
	Hector Ariza	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<u> </u>