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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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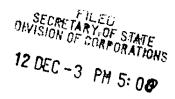
DEC 0 5 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BRUCKNEF DOCUMENT NUMBER: W120000594		NTER CORP	
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
JOSELYN M CRU	ΙZ		
	Name of Contact Person		
BRUCKNER BX A	AUTO CORP		
	Firm/ Company		
PO BOX 422956			
	Address		
KISSIMMEE, FL 3			
	City/ State and Zip Code	,	
josdenise318@yahoo	o.com		
	ed for future annual report	notification)	
For further information concerning this matter, please	e call:		
JOSELYN M CRUZ	_{at (} 321	442-1699	
Name of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:	
\$35 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



BRUCKNER BX AUTO CENTER CORP

(Name of Corporation as currently filed with the	Florida Dept. of State)
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
(0	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
Signature of New Register	ed 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 <math>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>	<u>Addres</u> s
1) X Change	T	JOSELYN M CRUZ	4489 W VINE ST
Add			KISSIMMEE, FL
Remove			34746
2) Change	VP	ALEJANDRO FIGUEROA	4489 W VINE ST
X Add			KISSIMMEE, FL
Remove			34746
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			- · · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

	adding additional and sheets, if necessor	ary). (Be spec	ific)		
					
					
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	ant anavidas fa	<u>i exchange, rec</u>	lassification, or	cancellation of is	ssued shares,
f an amendme	ent provides for al		HOL COULSINED I	<u>u tite amenumen</u>	t itsell.
provisions for	r implementing th	<u>e amendment il</u> VA)			
f an amendmo provisions for (if not app	ent provides for all r implementing the plicable, indicate N	e amendment it VA)			
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The date of each amendment(s) ac	doption: 11/28/2012
Effective date <u>if applicable</u> : 11	/28/2012
<u> appneasse</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient 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 cast	for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
_{Dated} _11/28/	2012
Signature	Dad B. Cry
(By a c	director, 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 nted fiduciary by that fiduciary)
	DAVID B CRUZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)