P130000025373

Office Use Only



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12/05/14--01007--027 **43.75

EFFECTIVE DATE

Amend CC

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AUTO CLINIC AUTO SERVICE INC.
DOCUMENT NUMBER: P130000 25373
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wesam Ramacan (sam) Name of Contact Person
AV70 Clinic AUTO SERVICE INC.
1524 13th ST.
Address
57. C/OUD FL. 34769 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (401-) 892-8104 407-748-5556 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee 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

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Articles of fact	n por ación	///
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Mulo Clivic Auto Service in		
(Name of Corporation as currently filed with the Flo	^	
Auto Clivic Auto Service INC	P13000025373	
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation:		
v/a		The way
name must be distinguishable and contain the word "corporation	," "company," or "incorporated" or the	The new abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C	Co". A professional corporation name mu	st contain the
word "chartered," "professional association," or the abbreviation "l	P.A."	
B. Enter new principal office address, if applicable:	<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
C. Enter new mailing address, if applicable:	/.	
(Mailing address MAY BE A POST OFFICE BOX)	NA	
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		- 5
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	5 强病
new registered agent and/or the new registered office address:		in the second
Name of New Registered Agent		西 555
		المراجعة ا
(Floridg stre	pet address)	
	•	
New Registered Office Address: V/AT (City)	, Florida(Zip Code)	
(Guy)	(Sp Cour)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w		n.
N/H		
Signature of New Registered A	gent, 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.

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>	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Remove			
3) Change			
Remove			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific) Auto Relains & Auto Salles	
Auto Kelais Auto Sites	
	<u> </u>
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
,	
N/A	

The date of each amendment(s) adoption: 12/3/19	, if other than the
date this document was signed.	
Effective date if applicable: /d/10/14	
(no more than 90 days after amendment file date)	
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.	
Dated	¢
Signature //ma	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Wesam Ramacav	
(Typed or printed name of person signing)	
AesilenT	
(Title of person signing)	