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SECRETARY OF STATE
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AUG 2.7 2014 C. CARROTHEFFA

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: JIMMY FA	TZINGER REPA	IRS INC			
DOCUMENT NUMBER: P1300005491	16				
The enclosed Articles of Amendment and fee are st					
Please return all correspondence concerning this matter to the following:					
JAM	IES R. FATZING	ER			
ans to	Name of Contact Persor	1			
11	[] (Firm/Company 118 N. DIXON A	VE			
<u> </u>	Address				
	AMPA, FL 33612 City/ State and Zip Code				
	ITANTS@YAHO				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, plea	ase call:				
JAMES R. FATZINGER	_{at (} 813	₎ 393-6364			
Name of Contact Person	Area Co	de & 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	□\$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		Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314	=	assee, FL 32301			

Articles of Amendment to Articles of Incorporation

FILED

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JIMMY FATZINGER REPAIRS INC

(Name of Corporation as currently filed with the Florida Dept. of State)
P13000054916

SECNETARY OF STATE FACLAHASSEE, FLORDA

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

Corp.," "Inc.," or Co.," or the designation 'ord "chartered," "professional association," o	"Corp," "Inc," or "Co". A profes	," or "incorporated" or ssional corporation name	the abo
Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u> T			
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u></u>		
(Mailing address <u>MAY BE A POST OFFIC</u>	egistered office address in Florida	, enter the name of the	
(Mailing address MAY BE A POST OFFICE	egistered office address in Florida	enter the name of the	
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or renew registered agent and/or the new registered agent.)	egistered office address in Florida	enter the name of the	
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in Florida stered office address:	enter the name of the	

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	LANA M. FATZINGER	11118 N. DIXON AVE
Add				TAMPA, FL 33612
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

tach additional sheets, if necessary).	(Be specific)
If an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:
(9,10,00,00,000)	
	

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	, if other than 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)	
(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.	
Signature (MW) Tallew	
(By adirector, 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)	
JAMES FATZWARE	··· ···
(Typed or printed name of person signing) President	
(Title of person signing)	

j,