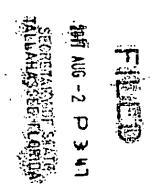
P13000076a47

| (Requestor's Name) | |
|---|---|
| (Address) | |
| (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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1. LEASIEUX



COVER LETTER

TO: Amendment Section

| Division of Corp | orations | | | | | |
|-------------------------|---|--|---|--|--|--|
| NAME OF CORPO | RATION: AR REPAIR SHOP | PCORP | | | | |
| | BER: P13000076247 | | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | | |
| | NICK WILMOT | | | | | |
| | DEBBIE'S ACCOUNTING S | Name of Contact Perso SERVICE | | | | |
| | Firm/ Company | | | | | |
| | 3575 SOUTHSIDE BLVD | | | | | |
| | JACKSONVILLE FL 32216 | Address | | | | |
| | | City/ State and Zip Cod | e | | | |
| SELA | MAHIDIC@AOL.COM | | | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | | |
| For further informatio | n concerning this matter, pleas | e call: | | | | |
| NICK WILMOT | | at (<u></u> | 733-4547 | | | |
| Name | of Contact Person | | de & Daytime Telephone Number | | | |
| Enclosed is a check for | r the following amount made p | payable to the Florida Dep | 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) | | | |
| Am Div P.O | iling Address endment Section ision of Corporations . Box 6327 ahassee, F1, 32314 | Ameno Divisio Cliftor 2661 I | Address Iment Section on of Corporations a Building Executive Center Circle assec, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation of

AR REPAIR SHOP CORP

| (Name of Corporation as currently | filed with the Florida Dept. of State) |
|---|--|
| P13000076247 | |
| (Document Number of C | orporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this FI its Articles of Incorporation: | orida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| AG AUTO GARAGE INC | The new |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. | " "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (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) | |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | |
| Name of New Registered Agent | |
| (Florida stree | ndless |
| | |
| New Registered Office Address:(C | , Florida iiv) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit Signature of New Reg | h and accept the obligations of the distinct |

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.

| X Change | <u>PT</u> | John De | <u>oc</u> | |
|-------------------------------|--------------|----------------|-------------------|---------|
| X Remove | <u>v</u> | Mike Jo | <u>nes</u> | |
| X Add | <u>SV</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) X Change | PVST | _ | ANTHONY GUTIERREZ | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | - | _ | | |
| Remove | | | | |
| 3) Change | | - - | | |
| Add | | | | |
| Remove | | | | |
| 1) Change | | | | |
| 4) Change Add | | _ | | |
| Remove | | | | |
| Kemove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| | REZ IS NOW PRESIDE | NT, VICE PRESIDE | NT, SECRETARY, A | ND TREASURER |
|-------------------------------------|---|-------------------------|-------------------------|--------------|
| 0% OWNERSHIP | | | | |
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| If an amendmen | provides for an exchang | ge, reclassification, o | or cancellation of issu | ied shares, |
| | iplementing the amenda able, indicate N/A) | nent if not contained | I in the amendment i | tself: |
| | , | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|-------------------------------|
| date this document was signed. | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records. | ate will 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(by the shareholders was/were sufficient for approval. | s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s): | ent |
| "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 sharehold action was not required. | er |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 7-24-2017 | |
| Signature | |
| (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 couappointed fiduciary by that tiduciary) | |
| ANTHONY GUTTERREZ | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |