P14000001221

	(Requestor's Name)	
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	(Address)	
	(City/State/Zip/Phone #)	
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	(Document Number)	
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AJR 1121/15

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

2 miles of Corporations	•
NAME OF CORPORATION: PROFESSIONAL BLESSING AND TIRE CORP DOCUMENT NUMBER: P14000001221	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JOSE R CAMACHO-VALENTIN	
Name of Contact Person	
527 US 17/92 N Suite C	
Address	
Haines City FL 33844	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JOSE R CAMACHO-VALENTIN at (407) 601-6524	
Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

PROFESSIONAL BLESSING AND TIRE CORP AND 11: 47

(Name of Corporation as	currently filed with the Florida Dep	ot. of State)	
		SECRE WAY OF STATE	
(Documer	nt Number of Corporation (if known)	70	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A pr	any," or "incorporated" or the abb	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Flor	rida, enter the name of the	
	Tavarez-Cardona,	.loel	
Name of New Registered Agent	603 Cotulla DR		
New Registered Office Address:	(Florida street address) Kissimmee	Florida 34758	
	(City)	(Zip Code)	
New Registered Agent's Signature, if clean the segment of the segment of the segment as regist for the segment of the segment		<u> </u>	

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	P	CAMACHO-VALENTIN, JOS	503 OAK BRANCH CT
Add			KISSIMMEE, FL 34758
Remove			
2) Change	Р	Tavarez-Cardona, Joel	603 Cotulla Dr
Add			KISSIMMEE, FL 34758
Remove			
3) Change			
Add		· · · · · · · · · · · · · · · · · · ·	-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
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6) Change			
Add			
Remove			

I amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch	ange, reclassific	ation, or cancell	ation of issued	shares.
provisions for implementing the ame				
lifust applicable to die at MI/A				
(if not applicable, indicate N/A)				
(у пог аррисавіе, такаїе N/A)				
(ij noi applicable, inalcale N/A)		<u> </u>		
(ij noi applicable, inalcale N/A)		<u></u> -		
(y noi applicable, inalcale N/A)				
(ij noi applicable, inalcale N/A)				
(ij noi applicable, indicale N/A)				

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)	
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 01/12/2015	
Signature Jou Janay Cardone	
(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)	
Joel Tavarez Cardona	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	