P14CCCC37517

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: 5 STARS TIRES, I	NC			
DOCUMENT NUM	IBER: P14000037517				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	OCE ST .LOUIS				
		Name of Contact Persor	1		
	5 STARS TIRES, INC				
	Firm/ Company				
	12605 NW 17TH AVE				
		Address			
	MIAMI FL. 33167				
	City/ State and Zip Code				
	E-mail address: (to be us	sed for future annual report	notification)		
	(,		
For further informati	on concerning this matter, pleas	se call:			
OCE ST. LOUIS		at (305	_) 244-3942		
Name of Contact Person		Area Co	le & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	irtment of State:		
\$35 Filing Fee	D2\$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment ίοπ

to
Articles of Incorporati
of

5 STARS TIRES, INC

(Name of Corporation as currently filed with the Florida Dept. of State) P14000037517 (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: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "liiz," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **OZZIE ST. LOUIS** Name of New Registered Agent 12605 NW 17TH AVE (Florida street address) MIAMI New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position, Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	PD	MARIE C. PIERRE	12605 NW 17TH AVE	
Add		——————————————————————————————————————	MIAMI FL 33167	
XX Remove				
2) Change	PD	OZZIE ST. LOUIS	12605 NW 17TH AVE	
XXAdd			MIAMI FL 33167	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

PLEASE UPDAT	nal sheets, if necessar E THE REGISTERE		MARIE C. PIEER	E TO OZZIE ST. LO	ouis
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F. If an amendm provisions fo	ent provides for an or implementing the applicable, indicate N/A	exchange, reclassif	ication, or cancell contained in the a	ation of issued shar mendment itself:	es,
(ij noi ap _i N/A	pucanie, maicaie wa)			
	-				
		<u> </u>			

	JULY 8, 2020	
		, if other than the
late this document was signed	JULY 8, 2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days a	fier amendment file date)
	his block does not meet the applicable sta ne Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The numbere re sufficient for approval.	r of votes cast for the amendment(s)
	e approved by the shareholders through vol d for each voting group entitled to vote sep	
	cast for the amendment(s) was/were suffic	• •
by		
,	(voting group)	
JULY Dated	8, 2020	
Signature	O	
(B se	y a director, president or other officer – if d lected, by an incorporator – if in the hands pointed fiduciary by that fiduciary)	
	OZZIE ST. LOUIS	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	