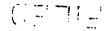
## D14000061983

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## **COVER LETTER**

**g** ...

O: Amendment Section Division of Corporations
NAME OF CORPORATION: COMFORT AUTO TNC.
DOCUMENT NUMBER: 71400066683
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Corneson:  Firm/ Company  Company  City/ State and Zip Code  FELTX G1525@ GMATL Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Name of Contact Person at (813) 546-5822  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 Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

of		
Confect Anto INC		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
— P140000 6 1983	`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 following a	amendment(s) to
A. If amending name, enter the new name of the corporation:		
COMFORT CARS I INC		The new
name must be distinguishable and contain the word corporation, "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation professional corporation name must contain	"Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	Same addaess	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same Address!	2023  \AX +9
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  SAME	ess in Florida, enter the name of the	1)
	eet address)	
New Registered Office Address:	, Florida	
(	(City) (Zip Co	de)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	(City) , Florida (Zip Co	de)

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)

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	PT	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		<del></del>		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add		<u> </u>		
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Remove				

ttach additional sheets, if necessary).	(Be specific)				
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an amendment provides for an excl	nange, reclassifica	ation, or cancella	tion of issued snai	res,	
provisions for implementing the ame	endment if not co	ntained in the air	enument usen.		
(if not applicable, indicate N/A)					
	·				
				<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $\frac{3 - 01 - 260}{\text{(no more than 90 days after }}$	3
(no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of dire action was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separat	groups. The following statement ely on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by(voting group)	
(voting group)	
Signature  (By/a director, president or other officer – if director)	
Signature from all	
By/a director, president or other officer - if direc	tors 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)	
- FELIX Gulie	2a C 7
(Typed or printed name of pers	son signing)
OLINEZ	
(Title of person signing)	