P14000081560

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TALLARASSEE FLORID

SEP 29 2015 A RAMSEY

COVER LETTER

Division of Corporations			
NAME OF CORPORATION: Make It Happen Auto Sales, Towning, & Repair. DOCUMENT NUMBER: P 14000081560			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Elizabeth M Luna			
Make It Happen Huto Sales, Towing, & Repair Inc Firm/Company			
Address			
Lakeland FZ 33801			
City/ State and Zip Code			
E-mail address: (to be used for future annual report hotification)			
For further information concerning this matter, please call:			
Elizabeth M Luna at (863) 937-5827 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 Certified Copy Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)			
Mailing Address			

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

1 1 1 1 1	A of	FILED
Make It Happen	Auto Salss, Too	sing, & Romental Inc. 58
(Name of C	orporation as currently filed with the	
P 14 00009	51560	SUGNETARY OF STATE TALL AHASSEE, FLORIDA
	(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit C</i>	corporation adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation;	
name must be distinguishable and contain	AL	The new
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n "Corp," "Inc," or "Co". A profess," or the abbreviation "P.A."	ional corporation name must contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		
	**************************************	Hart aggress of the state of th
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/or		enter the name of the
new registered agent and/or the new re	gistered office address:	
Name of New Registered Agent	VA	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
Nami Dagistanad Agasti Signatura if share	-in a Destate and A seed.	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	l agent. I am familiar with and accept i	he obligations of the position.
	± ,	
**************************************	Signature of New Registered Agent,	if changing
	g,	va'''a

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> <u>John</u>	Doe	
X Remove	V Mike	e Jones	
X Add	SV Sally	<u> / Smith</u>	
Type of Action (Check One) 1) Change	Title	Name Joshuatternandez	Address 2121 EMain St
Add Remove			Lakeland, 12 33801
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add		·	
Aud			

(Atta	nending or adding additions ch additional sheets, if necess W/A	d Articles, ente	r change(s) here cific)	:		
				·		
· J. · · · ·			· · · · · · · · · · · · · · · · · · ·	·····		
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			···			
F. <u>If ar</u>	n amendment provides for a ovisions for implementing th	<u>n exchange, re</u> le amendment i	classification, or	cancellation of it	sued shares, t itself:	
N	(if not applicable, indicate I 	V/A)			·	
	·					
				· 		
			, , , , , , , , , , , , , , , , , , ,			
						
			· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption: $9-8-30/5$, if other than the
date this document was signed.	
date this document was signed. 9-8-2015	
Effective date if applicable: (no more, No days after amendment file date)	Weter,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill 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(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.	
Dated 9-22-2015	
Signature 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 court appointed fiduciary by that fiduciary)	
1	
t lizabeth M Lyna	*********
(Typed or printed name of person signing)	
Director	****
(Title of person signing)	