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(Document Number)	
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations DATRACTINE DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment FILED

of of	77 SEP 13 AM 3: 17
Hot Rod I'm	transplant to
(Name of Corporation as currently fi	led with the Florida Lept. of State)
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P :	ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
.	
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:	. <u> </u>
Name of New Registered Agent	
(Florida street	uddress)
New Registered Office Address:	Florida
/Ci	
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.
	and to a fit and
Signature of New Regi	stered Agent, if changing

held. President, Treasu Changes should be not a change, Mike Jones l Mike Jones, V as Remo	rer, Director wou ed in the following leaves the corpora	ld be PTD.	John Doe is listed as the .	than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	PT John	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	Jones		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change	VP	Roller	OS Coleman	5831 Transico ld.
Add Remove				SACKSONVILLE P/
2) Change	S/1/1	Cody o	Lipman	822 114 AUR SO.
Add Remove				SACKSONU'IIL BCK, FI
3)Change	VP_	SOE FR	Anklin II	5028 Rue St.
AddRemove				JACKSONVIlle, FI
4)Change	5/11	Nick	Franklin	5028 Rus St.
Add Remove	,			SACKSONUILLE PI 3 2258
5) Change				
Add				
Remove				
6) Change				
Add				
Remove		Щ		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles,	enter change(s) here:
(Attach additional sheets, if necessary). (Be	specific)
	·
F. If an amendment provides for an exchange provisions for implementing the amendment	reclassification, or cancellation of issued shares, of if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the transfer tises.
	<u> </u>
	1

The date of each amendment(s) adoption:	9/0// if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of	
Adoption of Amendment(s) (CII	II <u>ECK ONE</u>) II
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	 shareholders. The number of votes east for the amendment(s)
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the amen	[] Inent(s) was/were sufficient for approval []
by	<u>.</u>
(voti	ing group)
☐ The amendment(s) was/were adopted by the laction was not required.	
The amendment(s) was/were adopted by the i action was not required.	 ncorporators without shareholder action and shareholder
Dated	
Signature Juyl R	Fill- I
//selected, by an income	Porator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	by that fiduciary) I
	Typed or printed name of person signing)
C	
	PRESIDENT
	(Title of person signing)

NORA ALEXANDRE Ph. 813-394-4127 7098 VIDA LN JACKSONVILLE, FL 322	1006
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