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SECRETARY OF STATE

MAY 1.5 2015

COVER LETTER

T0: Amendment Section Division of Corporations					
NAME OF CORPORATION:	Automptive Case Co.				
DOCUMENT NUMBER: # 15 000000					
The enclosed Articles of Amendment and fee are suf	omitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
Adam	Dotron				
	Name of Contact Person				
AMO Antomotive Care Co. Firm/ Company					
10969 South	Federal Huy Address				
Art Saint Lucie FL 34952 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, pleas	e call:				
Adam Ostron	at (572) 985 2374				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Department of State:				
\$35 Filing Fee \$Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐ \$62.50 Filing Fee Certificate of Status 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				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

AMO Atatic	of Co. co. d
(Name of Corporation as au	rently filed with the Florida Dept. of State)
715000000 496	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>m:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10969 South Federal Hwy Port Saint Lucie, FL 34952
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10969 South Federal Huy Port Saint Lucie, FL 34952
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fam	MASS FIL
	New Registered Agent if changing
Signature of I	New Registered Agent, if changing

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	rc, and oc	2117 GETEV, OT GO GITT 100.	
X_Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Z Change	\nearrow	Adam Ostrom	10967 South Federal Hary Port Saint Lucie, FL 34952
Add			Port Saint Lucie, FL 34952
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		 	
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an amount of issued shares.
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an angellation of issued shares, and an angellation of issued shares, and an angellation of issued shares, and angellation of issued shares, an
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
•	
Effective date if applicable: (no more than 90 days after amendment file of	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requirer	
document's effective date on the Department of State's records.	ients, uns date with flot de insted as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The folio must be separately provided for each voting group entitled to vote separately on the amend	
"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 as action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	areholder
Dated 5-7-15	
Signature A	
(By a director, president or other officer – if directors or officers have	eve not been
selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	or other court
Adam Ostrom (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Fresident	
(Title of person signing)	