Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000197135 3)))



H210001971353ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN AUTO RECOVERY SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

MAY 1 8 2021

ALBRITTON

WE CELVED WIMAY 17 PH 3: 52

Articles of Amendment

Articles of Incorporation

01			
Auto MECONERY SERVICES IN	<u> </u>		
Florida Document Number: P1500018274			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Confollowing amendment(s) to its Articles of Incorporation:	poration a	idopts 1	the
RELEQUE Holda Doda			
add Brigo H SUANEZ (P.)			
2290 NW 100 AVE			
Mari FI 33172.			
			_
		202	
	<u> </u>	MAY	
	TASS.	7 P	
These articles of amendment were adopted on		PM 3: 10	Ö
The corporation has only one group of voting stock. This amendment was approved by the share votes cast for amendment was sufficient for approval.	:holders and	l th e nu	mber o
Signature (P)			
Printed Name and Title			
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