P1500018638

	equestor's Name)	
	(dress)	
(Ac	ldress)	
(Cr	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _____

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DOCUMENT NUMBER: P15000018638

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

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ANGEL R. HERNANDEZ

Name of Contact Person

Firm/ Company 10114 WINSFORD OAK BLVD #504

Address

TAMPA FLORIDA 33624

City/ State and Zip Code

ANGELHDEZ16@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL HERNANDEZ at (_______) 442-6330 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:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) , ·

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Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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	AJ TIRE SH	OP INC		
(<u>Name of</u>	Corporation as currently	filed with the Florid	a Dept. of State)	
	P1500001	8638		
	(Document Number of	Corporation (if known	1)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Norida Profit Corpora	<i>ution</i> adopts the fo	flowing amendment(s)
A. If amending name, enter the new nar	ne of the corporation:			
				The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "C	'o", A professional c	incorporated" or corporation name	the abbreviation
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>				
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		10114 WINSFORD	OAK BLVD #50	王治二
		TAMPA FLORID	A 33624	NI DO F
				27 - ET
D. If amending the registered agent and new registered agent and/or the new			he name of the	PH 3:
Name of New Registered AgentCHOICE BUSINESS SF		ERVICES INC		EA F
Mane of New Accustred Ligen	7028 W WATERS AVE	#241		£
	(Florida stre	et address)		
New Registered Office Address:	TAMI	'A	. Florida	33634
	(Сіџу		(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			igations of the pos	sition.
	\land	the second secon		
		1.)		
	Signature of Nev R	zgistered Agent, if cha	noino	
	Signature of Ney K	_{Kanereu a} geni, ij enu	0840 <u>8</u>	

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:

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Example: <u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
L) Change	Р	JORGE HERNANDEZ	4546 CEDARWOOD VILLAGE
Add			DRIVE
X Remove			TAMPA FL 33624
21 Change	р	ANGEL R. HERNANDEZ	10114 WINSFORD OAK BLVD
X Add			#504
Remove			TAMPA FL 33624
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
57 Change			
Add			
Remove			
Kenkive			
6) Change		<u> </u>	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary) (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N'A)

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Page 3 of 4

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The date of each amendment(s) adop date this document was signed. 10/20/2 Effective date <u>if applicable</u> :		, if other
10/20/	2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment	tile date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing req tment of State's records.	uirements, this date will not be liste
Adoption of Amendment(s)	(<u>CHECK_ONE</u>)	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast fo fient for approval.	r the amendment(s)
The amendment(s) was/were approv must be separately provided for each	ed by the shareholders through voting groups. The ch voting group entitled to vote separately on the an	following statement mendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	 ,
	(voting group)	
action was not required.	ed by the board of directors without shareholder acti	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action a	nd shareholder
Dated		
Signature(By a direc	etor, president or other officer if directors or offic	ers have not been
selected. h	by an incorporator – if in the hands of a receiver, tru fiduciary by that fiduciary)	stee, or other court
	ANGEL R. HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT.	\sim