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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	MOTOR SUPPLIES ANI	O REPAIRS INC	
DOCUMENT NUMI	BER: P15000082554			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	JOSEPH WALKOWIAK			
		Name of Contact Persor		
	JIS TAX AND ACCOUNTIN	NG INC		
		Firm/ Company		
	2660 NW 105 LANE			
		Address		
	SUNRISE, FL 33322			
		City/ State and Zip Code		
	JOEW.JISTAX@	GMAIL.COM		
	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
JOE WALKOWIAK		at (254-2799	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:	
\$35 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)	
	iling Address		Address	
Amendment Section		Amendment Section Division of Corporations		
	ision of Corporations . Box 6327		Building	
	lahassee, FL 32314		executive Center Circle	
1 411	unussee, 1 L 52517		assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

JUPITER PUMP & MOTOR SUPPLIES AND REPAIRS INC

(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P15000082554	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." word "chartered," "professional association," or the abbreviati	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)	
C. Enter new mailing address, if applicable:	ALLE SEC. TO
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	强 圣
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 add	
Name of New Registered Agent	
(Florid	la street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am family	gent: liar with and accept the obligations of the position.
Signature of N	ew 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: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	sv	ANASTACIO GONZALEZ BERDU	431 JUPITER LAKE BLVD	
X Add			APT 2106	
Remove			JUPITER ,FL 33458	
2) Change	 ,			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
, Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
						<u> </u>
						· · · · · · · · · · · · · · · · · · ·
						·
		<u> </u>				
f an amendment provid provisions for implemen	es for an exch	ange, reclassif	ication, or canc	ellation of issue	d shares,	
provisions for implement (if not applicable, in	nting the amer Idicate N/A)	ndment if not o	ontained in the	amendment its	<u>elf:</u>	
	,					
		<u> </u>				
				· · · · · · · · · · · · · · · · · · ·		
						-

	OCTOBER 19, 2015
The date of each amendment(s) date this document was signed.	if other than the
_ 0	CYOBER 19, 2015
Effective date <u>if applicable</u> : '	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable starutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	sufficient for approval.
The amendment(s) was/were a must be separately provided f	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder
	dopted by the incorporators without shareholder action and shareholder
action was not required.	
	EB 19,2015
Dated	
(Hurself 2
Signature	
	director, president or other officer - if directors or officers have not been
	eted, by an incorporator — if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
• •	ANASTACIO GONZALEZ BERDUO
	(Typed or printed name of person signing)
	VP/SECRETARY
	(Title of person signing)