P15000086811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

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DEC 30 2015

R. WHITE

COVER LETTER

TO: Amendment Section
   Division of Corporations

NAME OF CORPORATION: MASTER KAR AUTO, SERVICE&TiRE

DOCUMENT NUMBER: P.15 0000 86811

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

Please return all correspondence concerning this matter to the following:

ARMANDO MIRELES
<div align="center">Name of Contact Person</div>

MASTER KAR AUTO, SERVICE AND TIRE
<div align="center">Firm/ Company</div>

3901 W. WATERS AVE. # B
<div align="center">Address</div>

TAMPA. FL. 33614
<div align="center">City/ State and Zip Code</div>

SiMiLARiM@GMaiL.COM.
<div align="center">E-mail address: (to be used for future annual report notification)</div>

For further information concerning this matter, please call:

ARMANDO MiRELES   at (813) 455-6076
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:

☐ $35 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)

<div align="center">

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                     Tallahassee, FL 32301

</div>

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2015

ARMANDO MIRELES
3901 W WATERS AVE #13
TAMPA, FL 33614

SUBJECT: MASTER KAR AUTO, SERVICE & TIRE INC
Ref. Number: P15000086811

We have received your document for MASTER KAR AUTO, SERVICE & TIRE
INC and your check(s) totaling $35.00. However, the enclosed document has not
been filed and is being returned for the following correction(s):

Page one is missing from the document. Please find enclosed and complete the
missing page.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Rebekah White
Regulatory Specialist II   Letter Number: 415A00026188

Articles of Amendment
to
Articles of Incorporation
of

MASTER KAR AUTO SERVICE + TIRE BALANCE

(Name of Corporation as currently filed with the Florida Dept. of State)

_____

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new*
name *must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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 MAY BE A POST OFFICE BOX)

_____

_____

_____

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:

Name of New Registered Agent   ABEL RAMOS

3901 W. WATERS AVE., SUITE B
(Florida street address)

New Registered Office Address: TAMPA _____, Florida 33614
(City)   *(Zip Code)*

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.

Abel Ramos
_____
Signature of 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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add ___ Remove	PT	ABEL RAMOS	9707 HORACE HANDING EXPY, APT 17 F CORONA. NY 11368
2) ___ Change ___ Add ___ Remove	V	ARMANDO MIRELES	4733 W. WATER ave. APT. 1534. TAMPA. FL. 33614
3) ___ Change ___ Add ___ Remove	SV	SAMANTA VASQUEZ.	4733 W. WATER S ave. APT 1534. TAMPA. FL 33614
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ 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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_____

_____

The date of each amendment(s) adoption: _____2/7/2015_____, if other than the
date this document was signed.

Effective date if applicable: _____12/7/15_____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)   **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

        (voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated_____12/6/15_____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

_____Armando Mireles_____
(Typed or printed name of person signing)

_____President_____
(Title of person signing)