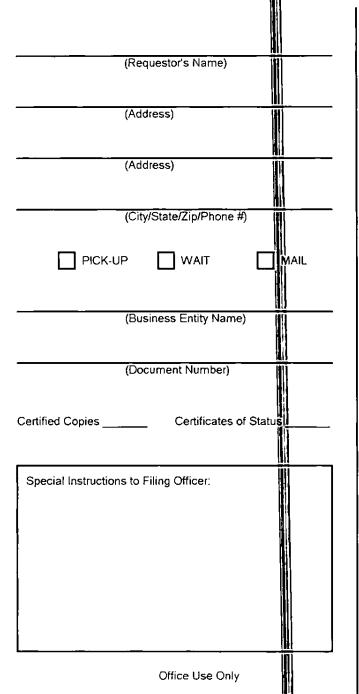
## PISW MEG





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R. WHITE 80V 27 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Alan's Maico R		o Tools, Inc.	
DOCUMENT NUMBER: P15000097267			<del></del> .
	s of Amendment and fee are	submitted for filing.	
Please return all corr	espondence concerning this	matter to the following:	
	Dorothy Johnson		
		Name of Contact Persor	1
	Diversified Incorporation	Service	
	13154 Spring Hill Dr.	Firm/ Company	<del> </del>
Spring Hill, FL 34609		Address	
doro	othy@diversifiedtaxes1.com	City/ State and Zip Code	<u> </u>
	E-mail address: (to b	used for future annual report	notification)
For further informati	on concerning this matter. p	ease call:	
Dorothy Johnson		at ( <sup>352</sup>	683-5198
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a cheek t	for the following amount ma	ll de payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Statu		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.(	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to FILED
Articles of Incorporation of 17 NOV 20 PH 12: 20

Alan's Matco Pro Tools, Inc.	SECRETANT COLUMN
(Name of Co	rporation as currently filed with the Florida Dept. of State)
P15000097267	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new name of	fithe corporation:
Alan's Pro Tools, Inc.	The new
word "chartered," "professional association,"	the word "corporation," "company," or "incorporated" or the abbreviation Corp." "Inc," or "Co". A professional corporation name must contain the "or the abbreviation "P.A."
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  D. If amending the registered agent and/or new registered agent and/or the new reg	TGE BOX)  registered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered in the second sec	ing Registered Agent: agent.—I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

. '		J.H	
If amending the Officer	s and/or	Directors, ente	r the title and name of each officer/director being removed and title, name, and
address of each Officer	and/or I	Director bein <b>gj</b> a	dded:
(Attach additional sheets,			
Please note the officer/dia	rector III. Dani Jan	le by the first <b>le</b> ft	ter of the office title:
Frecutive Officer: CFO	r restaen = Chist	i, i – Treasu <b>rer</b> , Financial Office	; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief r. If an officer/director holds more than one title, list the first letter of each office
held. President, Treasure			
			Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is
a change, Mike Jones lea	ives the c	orporation, S <b>al</b> l	y Smith is named the V and S. These should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove	, and Sai	lly Smith, SV <b>as</b> d	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	<u>Title</u>	Name	<u>Address</u>
(Check One)		[]	<del></del>
l) Change		_	
Add			
		III	<del></del>
Remove		<b>[</b> []	
		11.3	
2) Change		11.1	
2) Change		— <del>- 11</del> 1	
Add			
<del></del>		Hil	<del></del>
Remove		#3	
2.) Chapus		H	

3) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

E. If amending or adding additional Artic	cles enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
•	
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	<b>4</b> 1.
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	<u> </u>
If an amount would at	
provisions for implementing the amen	ingestrectassification, or cancellation of issued shares,  dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	M
	<b>W</b>
	KI
	₩}
	<u> </u>
	$\Theta$
	<u> </u>
	III.
	<u>.                                    </u>
	81

The date of each amendment(s) adoption: date this document was signed.		if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will no State's records.	t be listed as the
Adoption of Amendment(s) (CF	DI TECK ONE)  Auti	
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes east for the amer	ntiment(s) was/were sufficient for approval	
by	ing group)	
(10)	ing group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
(Dated	<u> </u>	
Signature_AAA	BUCKLE	
(By a director, pres	ident or other officer - if directors or officers have not been	
selected, by an inco	orporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary	v by that fiduciary)	
Alan Aughe	e	
	(Typed or printed name of person signing)	<del></del>
President		
	(Title of person signing)	