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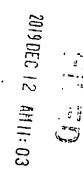
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COVER LETTER

TO: Amendment Section Division of Corpor			,
NAME OF CORPOR	ATION: ALT	och Auto K 0000170	epair Inc
DOCUMENT NUMB	ER: <u>P/60</u>	0000170	(_'
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	AHOV AHOV 1801-14 Lake W E-mail address: (to be us	Blake of Contact Person	an Inc Rd 33462
For further information	concerning this matter, pleas		1642 9408
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep:	ortment 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)
Ame Divis	ing Address adment Section ion of Corporations Box 6327	Amene Divisio	Address Iment Section on of Corporations i Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

ю

^	of		
Net - 1. Sut	O Repair Inc		
(Name of Corporation	n as currently filed with the Flor	ida Dept. of State)	
140000017			
(Docume	ent Number of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, Florida : its Articles of Incorporation:	Statutes, this Floridu Profit Corpo	ration adopts the following ame	ndment(s)
A. If amending name, enter the new name of the cor	poration:		
		The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co". A projessiona abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI		,	
		201	_ - -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Κ)	9 DEC	2 2 2 2 2
	-		,
		A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, ente office address:	r the name of the series S	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zīp Code)	
N. D. D. data and A. Cirantura is abanding David	stored August		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I		bligations of the position.	
Signa	nture of New Registered Agent, if ci	hanging	

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.

	2, ана эа	ay amin, as as an mad.	
Example: <u>X</u> 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) 1) Change	<u>Title</u>	Saunders B Riley	Address 327 ButtinwoodLand Boyntin Butle 33436
Add Remove			
2) Change			
Add			
3) Change Add			
Remove			
4) Change			
Add			
5) Change			
Add Remove			
6} Change			
Add			
Remove			

	cles, enter change(s) h (Be specific)			
			- -	
			•	
				
	<u></u>			
		, or cancellation of	issued shares.	
If an amendment provides for an exc	hange, reclassification	ed in the amendme		
provisions for implementing the ame	nange, reclassification endment if not contain	ed in the amendme	113(11)	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification endment if not contain	ed in the amendme	ir usur	
provisions for implementing the ame	endment if not contain	ed in the amendme		
provisions for implementing the ame	hange, reclassification			
provisions for implementing the ame	endment if not contain			
provisions for implementing the ame	endment if not contain			-
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provisions for implementing the ame	endment if not contain			
provisions for implementing the ame	endment if not contain			
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contain			

The date of each amendment(s) adopt	ion:, i	f other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	a does not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes east for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by	···	
, 1	(voting group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated 12/19 Signature	Laklaheler	
ally a direct selected, by	tor, president or other officer - it directors or officers have not been y an incorporator - if in the hands of a receiver, trustee, or other court	
appointed :	fiduciary by the fiduciary)	
7	(Typed or printed name of person signing)	
	Ypes.	
	(Title of person signing)	