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(City/State/Zip/Phone #)
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JUR 16 PHI2: 40

JUN 20 2016

COVER LETTER

TO:

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

UBJECT:	DISCOUNT TRANSMISSIO	N AND AUTO REPAIR ted Liability Company	Adding agreement to the second
	Name of Lin	tea training company	
he enclosed Articles o	f Amendment and fee(s) are sub-	nitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	GEORGE PUN		
		Name of Person	
	WHOLESALE TRA		n A was a saw mas, process than the saw that a
		Firm/Company	
	15905 N. FLORID		The second likely deposits of products in a second of the
		Address	
	LUTZ, FL 33549-8		
	EA6919@GMAIL	City/State and Zip Code	
		o be used for future annual report notific	eation)
For further information	concerning this matter, please co	dl:	
GEORGE PUN		at (_813) 479-8886	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
MAI	LING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2016

GEORGE PUN 15905 N. FLORIDA AVE LUTZ, FL 33549-8109

SUBJECT: DISCOUNT TRANSMISSION AND AUTO REPAIR INC

Ref. Number: P16000042853

We have received your document for DISCOUNT TRANSMISSION AND AUTO REPAIR INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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: 416A00011341

16 JUN 13 PH 4: 4.1

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DISCOUNT T	RANSMISSION AND AU	TO REPAIR
DOCUMENT NUMB	ER:P160000428	5	
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	GEORGE I	PUN	
_		Name of Contact Persor	1
	WHOLESA	ALE TRANSMISSION INC	i.
-		Firm/ Company	
	15905 N. F	LORIDA AVE.	
-		Address	
	I UTŽ FI	_ 33549-8109	
-		City/ State and Zip Code	
	E-mail address: (to be in	@GMAIL.COM sed for future annual report	notification)
		,	
For further information	concerning this matter, plea-	se call:	
GEOR	GE P. PUN	at (<u>813</u>	479-8886
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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 Divi: P.O.	ing Address indment Section sion of Corporations Box 6327 shassee, FL 32314	Amenc Divisio Clifton 2661 H	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation

16 JUN 1 6 PH 12: 39

(Name of Corporation as currentl	ly filed with the Florida Dept. of State (1995) 11 11 11 11 11 11 11 11 11 11 11 11 11
P1600004285	3
	t Corporation (if known)
rsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation:	
WHOLESALE TRANSMISSION INC.	The new
me must be distinguishable and contain the word "corporation corp.," "Inc.," or $Co.$ " or the designation "Corp.," "Inc," or "ord "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	15905 N. FLORIDA AVE.
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	LUTZ
	FLORIDA 33549-8109
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the s:
Name of New Registered Agent TANIA C. PUN	
15905 N. FLORIDA AV	VE
(Florida str	reet address)
New Registered Office Address: LUTZ	, Florida_33549-8109
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent	
nereby accept the appointment as registered agent. I am familiar v	with and ассері те опиданоту ој the position.

Page 1 of 4

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	<u>PT</u> <u>J</u>	John Doc	
X Remove	<u>v</u> <u>r</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	VP	TANIA C. PUN	15905 N. FLORIDA AVE.
			LUTZ
Remove			FLORIDA 33549
2) Change			
Add			,
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			.

. If amending or adding additional Arti (Attach additional sheets, if necessary)	(Be specific)	
The state of the s		
The same desired to the same statement of th		
		·····
. If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/4)	endment if not contained in the amendment itself:	

The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	IMMEDIATELY
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or 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	, T
	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated JUN	₹ 8, 2016
Signature	Ileon 1
(By a selection)	director, president of other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	GEORGE P. PUN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)