

P 110000046853

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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16 JUN 16 PM 12:40
SECRET
TALLAHASSEE, FL 32310

NC

JUN 20 2016

R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISCOUNT TRANSMISSION AND AUTO REPAIR

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE PUN

Name of Person

WHOLESALE TRANSMISSION LLC

Firm/Company

15905 N. FLORIDA AVE.

Address

LUTZ, FL 33549-8109

City/State and Zip Code

EA6919@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE PUN

Name of Person

at (813) 479-8886

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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER 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 PM 4:41
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DISCOUNT TRANSMISSION AND AUTO REPAIR

DOCUMENT NUMBER: P1600004285

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

Please return all correspondence concerning this matter to the following:

GEORGE PUN

Name of Contact Person

WHOLESALE TRANSMISSION INC.

Firm/ Company

15905 N. FLORIDA AVE.

Address

LUTZ FL 33549-8109

City/ State and Zip Code

EA6919@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE P. PUN

Name of Contact Person

at (813) 479-8886

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 &
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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

16 JUN 16 PM 12:39

DISCOUNT TRANSMISSION AND AUTO REPAIR *Inc*
(Name of Corporation as currently filed with the Florida Dept. of State)

P16000042853

(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:

WHOLESALE TRANSMISSION INC.

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)

15905 N. FLORIDA AVE.

LUTZ

FLORIDA 33549-8109

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 **TANIA C. PUN**

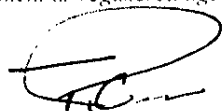
15905 N. FLORIDA AVE.

(Florida street address)

New Registered Office Address: **LUTZ**, Florida **33549-8109**
(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.



Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary) (Be specific)

(if not applicable, indicate N/A)

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

Effective date if applicable: IMMEDIATELY
(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 JUNE 8, 2016

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)

GEORGE P. PUN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)