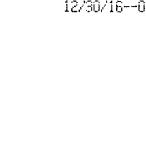
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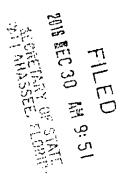
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TO: Amenda Division	nent Section of Corporations	
NAME OF C	CORPORATION: ADVANCED A	AUTO REPAIR SERVICES, INC.
	T NUMBER: P16000045416	
The enclosed	Articles of Amendment and fee are	submitted for filing:
Please return	all correspondence concerning this	matter to the following:
••,	CATHERINE NAVARRO	
		Name of Contact Person
•	ADVANCED AUTO REF	PAIR SERVICES, INC.
•		Firm/ Company
	20516 MACON PARKWA	AY
		Address
	ORLANDO, FL 32833	, ,
		City/ State and Zip Code
• .	CÀTHŸNAV66@GMAIL.COM	
	· ·	e used for future annual report notification)
	E-man address: (10 be	s used for future attitual report notification)
For, further in	formation concerning this matter, pl	case call:
CATHERINE NAVARRO		at (407 879-4405
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a	chèck for the following amount mad	ie payable to the Florida Department of State:
□ \$3,3 Filing	g Fee ■\$43.75 Filing Fee & Certificate of Status	
	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 Amendmentto
Articles of Incorporation
of

(Name of Corporation as curren	tly filed with the Florida l	Dept. of State)		
16000045416			•	•
(Document Number	of Corporation (if known)		٠.	
arsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporatio	n adopts the following	ig amendment	(s) to
If amending name, enter the new name of the corporation:				
/λ	•		· The more	
one must be distinguishable and contain the word "corporati Corp.," "Inc.," or-Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional cor,	orporated" or the a poration name must	bbreviation contain the	
Enter new principal office address, if applicable:	N/A		. •	~2
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	•		الميانية الميانية الميانية	
			72.2	, CCI
•			一手罩	رن ن
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		SSE	
3				•
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	<u> </u>			₩, •:
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	lress in Florida, enter the	name of the	,-	
N/Å	: <u>s:</u>			
Name of New Registered Agent	<u>,</u>		-	,
N/A		· · · · · · · · · · · · · · · · · · ·	-	•
iriorian si	reet address)		•	
New Registered Office Address: NA	(City)	, Florida	Code)	
	Chy	(Zip	Joae)	,
1			•	
w Registered Agent's Signature, if changing Registered Agen	t:			
ereby accept the appointment as registered agent. I am familiar	with and accept the obligat	ions of the position.		•
	•			
•	•			
	Registered Agent, if changing	· · · · · · · · · · · · · · · · · · ·		

Page 1 of 4

If amending the Office address of each Office (Attach additional sheet Please note the officer): P = President; V = Vict Executive Officer; CFC held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remove Example:	r and/or I s, if neces director tit e Presiden = Chief rer, Direct ed in the fo eaves the c	Orector I sary) tle by the j t; T= Tre Financial for would following n corporation	neing added: first letter of the officasurer; S= Secreta Officer. If an office PTD. nanner. Currently. on, Sally Smith is no	ice title: iry; D= Director cer/director hold John Doe is liste	-; TR= Ti is more to d as the I	rustee; C = Chairr han one title, list t PST and Mike Jone	nan or Clerk; CEO the first letter of eac es is listed as the V.	= Chief ch office There is
<u>X</u> Change	PT	John D	9 <u>e</u>			•	•	
X Remové	¥	Mike Jo	ones	a.			•	
$X \cdot \Lambda dd \cdot$	<u>sv</u>	Sally S	nith					r
Type of Action (Check One)	<u>Title</u>		Name .		:	Address	. ·	
.t) Change	VP	<u>.</u>	NELSON LOPEZ			251 SOUTHBRI	DGE CIR	
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X Remove							• .	• •
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2) Change	.`	_			<u></u>		·	•
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an amendment provides for an exc	hange, reclassific	ation, or cancellat	ion of issued shar	es,	
erovisions for implementing the am (if not applicable, indicate N/A)	enament it not co	ntained in the ame	endment itself:		
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Page'3 of 4

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
01/01/2017	
Effective date if applicable: (no more than 90 days after amendment file de	ate) ·
	•
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	,·
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the aby the shareholders was/were sufficient for approval.	imendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"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 action was not required.	}
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
	• • • • • • • • • • • • • • • • • • • •
Dated	
Signature Pricardo P	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
Ricardo Rivera	•
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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