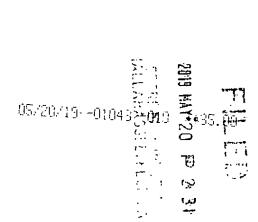
P160000 12219

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400329593364





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE TIRE PLACE	& GENERAL MECHAN	IC INC
	BER: P16000072219	<u>.</u>	
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	G. DEL VALLE		
	<u> </u>	Name of Contact Persor	1
	MBA GROUP PROFESSION	NAL LLC	
		Firm/ Company	
	4720 SALISBURY RD		
		Address	
	JACKSONVILLE FL 32256		
		City/ State and Zip Code	
MB	AGLADYS@ATT.NET		
-		sed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
G. DEL VALLE		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 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		Ameno Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE TIRE PLACE & GENERAL MECHANIC INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000072219	,, ·
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
D. Putan and principal office address if applicables	1102 MASON AVE
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	DAYTONA BEACH FL 32114
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1102 MASON AVE
	DAYTONA BEACH FL 32114
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
N. D. Carl J. L. and L. Signature if shanging Degistered Age	n+·
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	r with and accept the obligations of the position.
	D. L. LA . : G. houseign
Signature of New	Registered Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or D , if necess rector titl Presidem = Chief l er, Directo l in the fo wes the c	cary) The by the first letter of the office title: The Treasurer; S= Secretary; D= Director; TR= True The Treasurer; S= Secretary; D= Director; TR= True The Treasurer; If an officer/director holds more the content of the	ustee; C = Chairman or Clerk; CEO = Cha an one title, list the first letter of each offi ST and Mike Jones is listed as the V. There
Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

__ Remove

mach dudinonal sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame.	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adopt	ion:, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
☐ The amendment(s) was/were approv must be separately provided for each	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	the amendment(s) was/were sufficient for approval
юу	(voting group)
	(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
May 15th, 201	9
DatedSignature	ncera & Porti110
(By a direc selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
Sa	ndra E. Portillo
	(Typed or printed name of person signing)
Pre	esident
	(Title of person signing)