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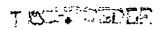


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Viking Tire Cent	er Corp.	
DOCUMENT NUMBER: P16000094512		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Hector M Goncalves		
	Name of Contact Person	1
Viking Tire Center Corp.		
	Firm/ Company	
3104 N Armenia Ave Suite	2	
	Address	_
Tampa FL 33607		
	City/ State and Zip Cod	e
info@inmigracionyciudadania.co	m	
E-mail address: (to be a	ised for future annual report	notification)
For further information concerning this matter, plea	ase call:	
HECTOR M GONCALVES	at (813	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P16000094512 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Viking Tire Center Corp 5292 SW IST LN OCALA FL 34474 Florida street address in Florida, enter the name of the new registered agent and/or registered office address: NAme of New Registered Agent N/A (Florida street address) Florida street address: Florida Florida street address: Florida	Viking Tire Center Corp		- <u>-</u>			
(Document Number of Corporation (if known) Tursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation: If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or "Co.". A professional corporation name must contain the ord "corporational corporation name must contain the ord "reprofessional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) Viking Tire Center Corp 5292 SW IST LN OCALA FL 34474 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 N/A N/A N/A Florida street addressy	(<u>Name o</u>	of Corporation as current	ly filed with the Florida Dept.	of State)		
The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation (Corp., "Inc.," or Co.," or the designation, "or the abbreviation "P.A." Enter new principal office address, if applicable: (Mailing address MAY BE A FOST OFFICE BOX) Enter new mailing address, if applicable: (Mailing address MAY BE A FOST OFFICE BOX) 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: N/A N/A 10 10 10 10 10 10 10 1	16000094512					
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Signature Sign			Viking Tire Center Corp			
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Name of New Registered Agent N/A N/A (Florida street address)	new registered agent and/or the nev	v registered office addres	s:	: or the	≥.:	TTI
N/A (Florida street address)	None of New Designation of Land	N/A		 Dir	တ္	و ا
tFlorida street address)	Name of New Registered Agent	N/A		÷	2	
			root addross)	<u> </u>		
New Registered Office Address: Florida			,			
(City) (Zip Code)	<u>New Registered Office Address:</u>				in Code	
(Cuy) (Zip Code)			(City)	(2.	ap Coue)	•
	New Registered Agent's Signature, if c	hanging Registered Agen	t:			
ew Registered Agent's Signature, if changing Registered Agent:				of the positio	m.	
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						
						
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			

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
$\frac{\dot{X}}{X}$ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DIR	HERRERA LEOPOLDO	4400 NW 93 DORAL COURT
Add			DORAL FL 33178
X Remove			
2) Change	VP	GONCALVES MANUEL	7751 SW 107th AVE APT 511
X Add			DORAL FL 33178
Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			SIB (1)
Add			23
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	,		!"
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	** + **	ine in	
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N/A	- 	<u></u>	
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The date of each amendment		other than the
date this document was signed	- N/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	·	
	this block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	2 listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement and 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)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
09/30/ Dated	/2019	
Signature		
(I3 se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	HECTOR GONCALVES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
	19 0CT -7 AM 9: 2	