## P160000 94512

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Amend

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## **COVER LETTER**

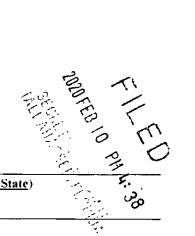
TO: Amendment Section Division of Corporations

,

NAME OF CORPORA	ATION: Viking Tire Cente	r Corp.		
DOCUMENT NUMBE	P16000094512			
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	itter to the following:		
ŀ	lector M Goncalves			
_	<u></u>	Name of Contact Person	1	
\	iking Tire Center Corp.			
_		Firm/ Company		
3	104 N Armenia Ave Suite 2	• •		
_		Address	_ <del></del>	
Т	'ampa FL 33607			
-		City/ State and Zip Cod-	e	
info@i	nmigracionyciudadania.con	1		
<del></del>		sed for future annual report	notification)	
		'	·	
For further information	concerning this matter, pleas	se call:		
HECTOR M GONCAL	VES	813 at (	410-8388	
Name of Contact Person at (813 ) 410-8388  Area Code & Daytime Telephone No.				
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Viking Tire Center Corp

(Name of Corporation as currently filed with the Florida Dept. of State)  (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) as 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.," 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)  Since new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  3104 N ARMENIA AVE SUITE 2  TAMPA FL 33607  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  N/A  N/A  (Florida street address)  N/A  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)	ursuant to the provisions of section 607.10	(Document Number of 0			٠,
(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) as 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.," or the designation "Corp.," "Inc.," or "Co., A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A.,"  3. 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)  3.104 N ARMENIA AVE SUITE 2  TAMPA FL 33607  D. If amending the registered agent and/or registered office address:  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	ursuant to the provisions of section 607.10		Corporation (if known)		ړم
Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) as Articles of Incorporation:  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   Signal address MAY BE A POST OFFICE BOX  TAMPA FL 33607  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 address:  Name of New Registered Agent  N/A  N/A  (Florida street address)  New Registered Office Address:  Florida  Florida  Florida			Corporation (if known)		-
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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 )  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  3104 N ARMENIA AVE SUITE 2  TAMPA FL 33607  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:  N/A  N/A  N/A  (Florida street oddress)  New Registered Office Address:  Florida  Florida				The man	
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). 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	(muning dualess <u>MAT DE A FOST OF</u>	TICE BOA	3104 N ARMENIA AVE SUITE 2		
Name of New Registered Agent  Now Registered Office Address:  N/A  (Florida street address)  New Registered Office Address:			TAMPA FL 33607		
Name of New Registered Agent  Now Registered Office Address:  N/A  (Florida street address)  New Registered Office Address:					
Name of New Registered Agent  N/A  (Florida street address)  New Registered Office Address:			ss in Florida, enter the name of the		
Name of New Registered Agent  N/A  (Florida street address)  New Registered Office Address:					
(Florida street address)  New Registered Office Address:, Florida	Name of New Registered Agent	N/A 			
New Registered Office Address: Florida	7	∛/A			
	_	(Florida stree	t address)	_ <b>_</b>	
(City) (Zip Code)	New Registered Office Address:		, Florida		
		10	City) (	Zip Code)	
(City) (Zip Code)	_	(Florida stree	, Florida		
		•			
New Registered Agent's Signature, if changing Registered Agent:	Designand Association (Co. 1991)				

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: XChange	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	GONCALVES MANUEL	7751 SW 107th AVE APT 511
Add X				DORAL FL 33178
Remove				
2) Change		_		
Add				<del>-</del>
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		<del>-</del>		
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Articl (Attach additional sheets, if necessary).	ies, enter change(: (Be specific)	symere.			
N/A					
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If an amendment provides for an excha provisions for implementing the amen-	<u>inge, reclassificati</u> dment if not cont	on, or cancellati ained in the ame	<u>on of issued sha</u> ndment itself:	res.	
(if not applicable, indicate N/A)					
N/A					
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	N/A	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_	g/A	
Effective date <u>if applicable</u> :		
	(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 Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	I
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	11
	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.  The amendment(s) was/were a	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
02/04/20	220	
Dated Signature		
selec	a director-president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other count inted fiduciary by that fiduciary)	
	HECTOR GONCALVES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del> -