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TO: Amendment Section Division of Corporations

10

NAME OF CORPORA	ATION:L	obo Tires Services Inc			
DOCUMENT NUMBI		P16000095002			
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:			
		Ramon Martinez			
_		Name of Contact Person	1		
	Ro	mar Enterprise & Managem	ent		
_		Firm/ Company			
		6407 Amundson St			
-	•	Address			
		Tampa, Fl 33634			
_		City/ State and Zip Cod	c		
	Ranyar	@romarenterprise.com			
		sed for future annual report	notification)		
	is man address. (we be a	sea an taxare annual report	notification)		
For further information	concerning this matter, plea	se call:			
Ram	on Martinez	at (<u>****</u>	507-7444		
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:		
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 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

Lobo Tires Services Inc

to

(Name of Corporatio	n as currently fil	ed with the Florida l	Dept. of State	<u>. </u>		
	P1600009500)2				
(Docume	ent Number of Co	rporation (if known)				
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Floa	rida Profit Corporatio	on adopts the	following	g amen	dment(s
A. If amending name, enter the new name of the cor	rporation:					
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co" abbreviation "P.A	'. A professional cor				ttion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.						
	- -				2)	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>x</u>) _					-T]
	-				Pil 1	0
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter the	name of the		8: 08	
Name of New Registered Agent						
	(Florida street a	uddwaa)			-	
N. D	(Fiorita sireer	iaar essy	F31 1.1			
New Registered Office Address:	(Cit	y)	, Florida_	(Zip C	Code)	
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.		and accept the obliga	tions of the p	osition.		
					_	
Signa	iture of New Regi:	stered Agent, if changi	ing		-	

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:			
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>	Name	<u>Addres</u> s
1) Change	VP	Angel Olazabal	4223 W Waters Ave
x Add			Tampa, Fl 33614
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
		_	
Add			
Remove			

	or adding addition ional sheets, if nece	ssary). (Be s	pecific)				
							
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- <u>-</u>	*****			· · ·		 -	
	_						
-					•		
nrovisions :	ment provides for : for implementing t	<u>an exchange, i</u> be amendmen	<u>reclassificatio</u> t if not contai	<u>n, or cancellati</u> ned in the ame	<u>on of issued sh</u> ndment itself:	ares,	
(if not a	pplicable, indicate	N/A)	r ii nor contui		113(11)		
	<u>.</u>					•	
		•					
				-			

	f			
The date of each amendment(s) adoption date this document was signed.	otion: <u>ULNE</u>	08,	2019	, if other than the
Effective date if applicable:	JUNE	09	2019	
···	(no more than 90	days afle	r amendment j	île date)
Note: If the date inserted in this bloddocument's effective date on the Depa	ck does not meet the application of State's records.	ble statut	ory filing requ	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		number of	votes east for	the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders throu ch voting group entitled to vo	gh voting ote separa	groups. The an	following statement nendment(s):
"The number of votes cast for	the amendment(s) was/were	sufficient	for approval	
by			<u></u> .	•
	(voting group)			
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors w	rithout sh	archolder actio	on and shareholder
The amendment(s) was/were adoptaction was not required.	ed by the incorporators withou	ut shareh	older action ar	d shareholder
Dated JUN-	e 09 2019			
Signature	خ 			
selected, l	ctor, president or other office by an incorporator – if in the l fiduciary by that fiduciary)			
	Luis O Alvi	Anado	Lobo	
	(Typed or printed na	me of pe	rson signing)	
_	PR	Esi de		
	(Title of	person si	enine)	