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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ___ TWO CHICKS TIRES INC P17D0000 4175 DOCUMENT NUMBER: P1000006173 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAMON MARTINEZ Name of Contact Person ROMAR ENTERPRISE@MANAGEMENT Firm/ Company 6407 AMUNDSON ST Address **TAMPA, FL 33634** City/ State and Zip Code ROMARENTERPRISE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAMON MARTINEZ _ at (813 _____) 507-7444 _____ Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TWO CHICKS TIRES INC

(Name of Corporation as currently filed with the Florida Dept. of State) P17000006175 (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) to its 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: _ (City) New Registered Agent's Signature, if changing Registered Agent: I 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) -

Example:

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> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	DAMARYS RODRIGUEZ	8101-8103 N ARMENIA AVE
Add			TAMPA,FL 33604
X Remove			
2) Change	PD	JOSE B GUTIERREZ	8101-8102 N ARMENIA AVE
XAđd			TAMPA, FL 33604
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

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provisions for implementing	the amendment if not c	ontained in the amer	idment itself:	
(if not applicable, indicate	e N/A)	"		
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Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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
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"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 shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. NOVEMBER 10,2017 Dated Signature
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action was not required. NOVEMBER 10,2017 Dated Signature
DatedSignature
Signature
By a director provident or other afficer - if directors or afficers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that (iduciary)
DAMARYS RODRIGUEZ
(Typed or printed name of person signing)
Day
(Title of florson signing)