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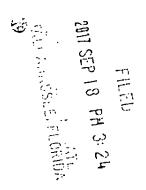
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C. GOLDEN SEP 1 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Pow	er Bodyshop Loxp.
DOCUMENT NUMBER: P170	00061272.
The enclosed Articles of Amendment and fee a	re submitted for filling.
Please return all correspondence concerning thi	matter to the following:
_ Felix	P. Markinez Name of Contact Person
	Name of Contact Person
_ Power 1	Bodyshop lorp. Firm/Company
.	Firm/ Company
<u> 13701 8w</u>	66 8 # B-308 Address
1 1 2 2 2 2	Address
_141amii F	City/ State and Zip Code
Jalespere Jmail address: (to	City/ State and Zip Code 2/6 B G mai/· com be used for future annual report notification)
For further information concerning this matter,	please call:
Felix P. Martin	111 786 482-5253
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	 ade payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address	Street Address
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Tallahassee, F1, 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 SEP 18 PM 3: 24

_ Power Boo	lyshop lo	rp	2011 OCT 10 111 0 2
Power Boo (Name of P170000613	of Corporation as current	ly filed with the Florida l	Dept. of State)H, SSt. E, FLORIUA
	Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporatio	on adopts the following amendment(s)
A. If amending name, enter the new na	i <u>me of the corporation:</u>		♦ The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation Corp," "Inc." or	"Co". A professional cor	orporated" or the abbreviation
B. Enter new principal office address.			
(Principal office address <u>MUST BE A S</u>)	TREET ADDRESS V		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of			
	1		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office add v registered office addres	ress in Florida, enter the s:	name of the
Name of New Registered Agent			
	(Florida st	rect address)	
New Registered Office Address:		(City)	, Florida
		N, /	,
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			uions of the position.
	Signature of New .	Registered Agent, if chang	ing ◆
	ľ		

If amending the Officer address of each Officer (Attach additional sheets, Please note the officer/dit P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove	and/or D if necess rector titl Presidem = Chief I r, Directa lin the fo wes the c	virector bein tary) The by the first The Freasing of the first The financial Off or would be for the first The first or would be for the first or the first o	added: letter of the offic er: S- Secretar icer. If an office TD. er. Currently Jo ally Smith is nar	e title: v; D= Director; TR= vr/director holds more ohn Doe is listed as the	Trustee; C = Chair than one title, list PST and Mike Jor	rman or Clerk; CEs the first letter of c ues is listed as the V	() = Chief ach office !. There is
Example: X_Change	<u>PT</u>	John Doe					
X Remove	<u>V</u>	Mike Jones					
X Add	<u>8V</u>	Sally Smith					
Type of Action (Check One)	Title	<u>Na</u>	 <u> me</u> 		<u>Addres</u> s	•	
1) Change	VP	<u>_</u>	leseria	MiR	<u>/370/ 8</u>	w 668t, FL 331	#8-308
Add		,			Migmi,	,FL 331	₽3.
X Remove							_
2) Change		_				,,,	
Add					A		_
Remove							_
3) Change							_
Add					-	•	-
Remove							_
4) Change							_
Add			 1				_
Remove							_
5) Change							
Add						, . ,	_
Remove			 				_
						•	_
6) Change			<u> </u>				_

_ Add

____ Remove

famending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
The state of the s	
-	
	•
	l i
nravisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
**	
	li

The date of each amendment(s) adoption:	09/03/17 if other than the
date this document was signed.	•
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CI	HECK <u>ONE</u>)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
"The number of votes cast for the ame	 ndment(s) was/were sufficient for approval
by	
(v.	iling group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated09/03	117
Signature RANGE	
selected, by an inc	dent or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by by that (iduciary)
	Felix P. Martinez
	(Typed or printed name of person signing)
	President.
	(Title of person signing)