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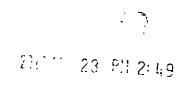
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MOUNT DORA T	TRES I INC				
DOCUMENT NUMI	BER: P17000090015					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	itter to the following:				
	OMAR ORTIZ					
		Name of Contact Person	, <u> </u>			
	MOUNT DORA TIRES LIN	IC				
		Firm/ Company				
	6076 N ORANGE BLOSSOM TRL					
	Address					
	MOUNT DORA FLORIDA 32757					
		City/ State and Zip Code	•			
	MOUNTDORATIRESI@GMAIL.COM					
		sed for future annual report	notification)			
For further information	n concerning this matter, plea	se call:				
To further information	n concerning this matter, plea	se can.				
OMAR ORTIZ		at (323	3991302 de & Daytime Telephone Number			
Name of Contact Person		Area Coc	le & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Ce	Address ment Section n of Corporations entre of Tallahassee V Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



MOUNT DORA TIRES 1 INC

217000090015 (Document Number of Coursuant to the provisions of section 607.1006, Florida Statutes, this Flats Articles of Incorporation:	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flo	orporation (if known)	
3.71 detes of theorpidation	orida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word	
3. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	N/A	
	N/A	
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: 	s in Florida, enter the name of the	
Name of New Registered Agent N/A		
(Florida street	address)	
New Registered Office Address: N/A	. Florida	
	ity) (Zip Code)	

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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>John Do</u>	<u>ee</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	\underline{SV}	Sally Sn	<u>aith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V	_	RAFAEL A BATISTA	6076 N ORANGE BLOSSOM TRI
Add		_		MOUNT DORA FL 32757
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Кепюче				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional A (Attach additional sheets, if necessary.	rticles, enter change(s) here:
	NOT PART OF THE CORPORATION ANYMORE
REMOVE VICE RESIDENT WHO IS	NOT PART OF THE CORFORATION ACTIONS.
· 	
F. If an amendment provides for an ex	schange, reclassification, or cancellation of issued shares,
provisions for implementing the ar	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	

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	04/22/2020	
The date of each amendment(s) adopt	ion:	, if other than th
date this document was signed.		
04/22/20	20	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, thi ment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	by the shareholders. The number of votes cast for the amendment for approval.	ent(s)
☐ The amendment(s) was/were approve must be separately provided for eac	ed by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for	he amendment(s) was/were sufficient for approval	
by 1	•	
·	(voting group)	
04/17/2020		
Dated		
Signature August	1911	
	or, president or other officer – if directors or officers have not be	 een
	an incorporator - if in the hands of a receiver, trustee, or other	
	iduciary by that fiduciary)	
OM	AR ORTIZ	
	(Typed or printed name of person signing)	
PRI	ESIDENT / OWNER	
	(Title of person signing)	

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