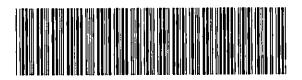
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Local Lube and Repair Inc.
DOCUMENT NUMBER: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Local Lube and Repair Inc.  Firm/Company  Local Sland Way  Address  Address  Caty F1 33844  City/ State and Zip Code  E-mail address: (to be used for further annual report notification)
For further information concerning this matter, please call:
James W. Arnold = 1803 521-4799
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

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## Articles of Incorporation of

Local Lube and Rea	kic loc.
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
£17000097172	
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpord "Corp" "Inc.," or Co.," or the designation "Corp." "Inc." o word "chartered." "professional association." or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A PEB 225
	ddress in Florida, enter the name of the
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	A
(Florida	a street address)
New Registered Office Address:	, Florida
	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the position.
tiv CA	D. in the state of
Signature of Ne	w 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: X Change	PT	John Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Si	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address		
1) Change	CEI	D	James W. Arnold	1020 Paradiselsland War		
X Add				Haines City, 71		
Remove						
2) Change		_				
Add						
Remove						
3) Change	<del></del>					
Add						
Remove				<del></del>		
4) Change		_				
Add						
Remove						
5) Change		_				
Add				<del></del>		
Remove						
i) Change		<del>.</del>				
Add						
Remove						

E. <u>If amending or ad</u> (Attach <i>additional</i> :	sheets, if necessary).	(Be specific)			
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If an amendment	provides for an excl	hange, reclassifica	t <u>ion, or cancellati</u>	on of issued share:	<u>s,</u>
provisions for in	iplementing the ame able, indicate N/A)		tained in the ame	ndment itself:	
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The date of each amendment(s) adoption:
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) ( <u>CHECK ONE</u> )
☐ 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"
(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.
Dated
Signature // My M
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
James W. Arnold
(Typed or printed name of person signing)
(FD)

(Title of person signing)