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SICRETANT OF STATE
ALLAHASSEE, FLORIDA

DEC 03 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A1 ROADSIE	DE SERVICE COF	RP.	
DOCUMENT NUMBER: P1800003302			
The enclosed Articles of Amendment and fee a	re submitted for fili	ng,	
Please return all correspondence concerning thi	s matter to the follo	wing:	
MARIA JULIA LORIGA	٩		
	Name of Co	ontact Persoi	n
	Firm/ C	Company	
6482 SW 39TH STRE	ET		
MIAMI, FLORIDA 3311		dress	
	City/ State a	ınd Zip Cod	e
aone9684@gmail.com			
E-mail address: (to	be used for future a	nnual report	notification)
For further information concerning this matter,	please call:		
MARIA JULIA LORIGA	at (305	733-1392
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the l	Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		Copy I copy is	□\$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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

A1 ROADSIDE SERVICE CORP

(<u>Name</u>)	of Corporation as currently	y filed with the Florida Dept. of State)	
P18000033302			
_	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new na	ame of the corporation:		
		The	e new
	nation "Corp." "Inc." or "	n," "company," or "incorporated" or the abbre Co". A professional corporation name must conto P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6482 SW 39 STREET	
		MIAMI, FLORIDA 33155	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6482 SW 39 STREET	_ _
		MIAMI, FLORIDA 33155	
D. If amending the registered agent an new registered agent and/or the new			원 기
Name of New Registered Agent	MARIA JULIA LORIGA	18.50 18.50 18.50	LE 26
	6482 SW 39 STREET		R 0
	(Florida str	et address)	چ <u>ۃ</u> دن
New Registered Office Address:	MIAMI	. Florida 33155	37
		(City) (Zip Code)	,
New Registered Agent's Signature, if c I hereby accept the appointment as regist		: with and accept the obligations of the position.	
Ma	nea Julia T	Dilgo Gistered Agent, if changing	
	Signature of New R	egistered 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	JEANNETTE MARTIN	11602 NW 58 AVENUE
Add X Remove			HIALEAH, FLORIDA 33012
2) Change	Р	MARIA JULIA LORIGA	6482 SW 39 STREET
X Add		-	MIAMI, FLORIDA 33155
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	
-	
	<u> </u>
	 .
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	1
(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s sufficient for approval.	;)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
11/15/2	018	
Dated	Maria Julia Hilliga	
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other cour binted fiduciary by that fiduciary)	1
	MARIA JULIA LORIGA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	