

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Office Use Only



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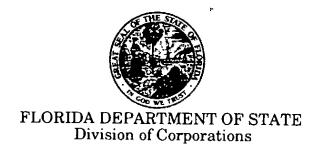


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SRT AUTO REPAIR INC
DOCUMENT NUMBER: P18000088285
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diane Corselli (Name of Contact Person)
(Name of Contact Person)
SRT AUTO REPAIR INC (Firm/Company)
(Firm/ Company)
8290 Pinewood ave
(Address)
Brooksville, FL, 34613 (City/State and Zip Code)
(City/ State and Zip Code)
SRTAUTOREPAIRS & GMail. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Diane Corselli at (732) U84-4U4C (Area Code) (Daytime Telephone Number)
(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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \& \Bigcup \\$64 Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



November 9, 2018

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DIANE CORSELLI 8296 PINEWOOD AVE BROOKSVILLE, FL 34613

SUBJECT: SRT AUTO REPAIR INC.

Ref. Number: P18000088285

We have received your document for SRT AUTO REPAIR INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Profit corporation the document you sent in is for a Non-profit corporation.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 518A00023230

RECEIVED INVOVED PH 1: 26

Articles of Amendment

to

Articles of Incorporation	
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(Name of Corporation as currently filed with the Florida Dept. of State)	
300319489843	
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment (its Articles of Incorporation:	s) t
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". 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 office address:	
Name of New Registered Agent Diane (orsell)	
8296 Pinewood ave	
(Florida street address)	2
New Registered Office Address: Brooksviile FL, 3461. (City) Florida FL, 3461.	\supset
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.	
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Signature of New Registered Agent, if changing	
the state of the s	

F-3

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>	Address
I) Change		N/A	
Add			
Remove			
2) Change		N/A	******
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/ A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			.
Remove			

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an amendme	ent provides f	or an exc	hange, recl	lassification	ı, or canc	ellation of i	ssued share	es.	
rovisions for	implementin	ig the anx	endment if	not contai	ned in the	amendmei	ıt itself:		
(if not app	olicable, indic.	ate N/A)							
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The date of each amendment(s) adoption:	, if other than the
nate this document was signed.	
Effective date <u>if applicable</u> :	Iment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes countries by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on	
"The number of votes east for the amendment(s) was/were sufficient for app	proval
by	,"
The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	tion and shareholder
Dated	· /
(By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	
Typed or printed name of person sign	ning)
Owner	
(Title of person signing)	