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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: SAM'S AUTO REPAIR & TRUCKS INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SAMUEL E ROWE Name of Contact Person
SAM'S AUTO REPAIR & TRUCK INC Firm/Company
Firm/ Company
1843 NW 29th STREET
Address
OAKCAND PARK, FL 33311
Address OAICCANID PARK, FL 33311 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SAMUEL E ROWE at 964 717 4033 Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Certified Copy (Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SAMS HUTO REPAIR & TE	<u></u>
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P180000 916	755
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1843 NW 29th STREET
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	0AKLAND PARK
	FL, 33311
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1843 NW 29th STREET
	1843 NW 29th STREET OAKLAND PARK JE 5 FL, 33311
	FL, 33311
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
·	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accent the obligations of the position
Thereby decept the appointment as registered agent. I am junities	with and accept the obligations of the position.
Signature of New I	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)

Remove

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:	, and ya	ry Sman, Sv as an Maa.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	7	SAMUEL E. ROWG	7912 KISMET ST
Add			MIRAMAR
Remove			FL, 33023
2)Change			
Add			
Remove			
3) Change			
Add			<u> </u>
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
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- Pa-1				
				
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f an amendment provides for an exch	amaa maalaaniiiti		•	
provisions for implementing the amer	adment if not contained	in the amendment itsel	snares. f:	
(if not applicable, indicate N/A)	<u> </u>		_	
	············			
			<u> </u>	
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The date of each amendment(s) adoption:	8/20/2019	, if other than the
date this document was signed.		
Effective date if applicable: $\sum \int S$	00 2019 nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	t the applicable statutory filing requirements,	
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)	
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval	olders. The number of votes cast for the amendal.	dment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of	nolders through voting groups. The following entitled to vote separately on the amendment	statement s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	**	
by(voting group)	ир)	
☐ The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action and sha	reholder
The amendment(s) was/were adopted by the incorporaction was not required.	rators without shareholder action and shareho	lder
Dated 8/20/19		
Signature	Rowe	
(By a director, president or	other officer – if directors or officers have no r – if in the hands of a receiver, trustee, or oth fiduciary)	
SA	or printed name of person signing)	
(Typed o		
	President	
	(Title of person signing)	