P180000 99742

(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:

Office Use Only



600323764146

01/28/19--01023--019 **35.00

COVER LETTER,

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: QUICK STOP TH	RES & AUTO REPAIRS C	ORP		
	BER: P18000099742				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	OLGA LUCIA CARDOZO				
	Name of Contact Person				
	QUICK STOP TIRES & AUTO REPAIRS CORP				
	Firn/ Company				
	6145 S US HIGHWAY 1 SUITE B				
	Address				
FORT PIERCE FL 34982					
		City/ State and Zip Cod	e		
QST	AR6145@GMAIL.COM				
	~	sed for future annual report	notification)		,
For further information	on concerning this matter, pleas	se call:		19 JAN 29	A CALAN SERVICE STABLE
OLGA LUCIA CARDOZO		at (489-5688		?.;; ;;-<
Name of Contact Person		Area Co	de & Daytime Telephone Number		्र. इ.स.
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	3 88 2: 02 -	- 0::s - 3::Z
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	75	7. A.
An	iling Address endment Section ision of Corporations	Amend	Address Iment Section on of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

QUICK STOP TIRES & AUTO REPAIRS CORP

	tly filed with the Florida Dept. of State)	
p18000099742		
(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 follow	ring amendment(s
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus	abbreviation
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 <u>MAY BE A POST OFFICE BOX</u>)		
		 ,
D. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office addres	<u>is:</u>	\sim
Name of New Registered Agent		
		_ 영 글…
(Florida s.	ireet address)	· · · · · · · · · · · · · · · · · · ·
		, L
New Registered Office Address:	(City) Florida, Florida	

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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ESPINOSA, DAVID JOSE , 50%	362 SW LACROIX AVENUE
Add			PORT SAINT LUCIE FL 34953
X Remove			
2) X Change	P	CARDOZO, OLGA LUCIA	622 NW BAYSHORE BLVD
Add			PORT SAINT LUCIE FL 34983
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
б) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		<u></u>
		
		
		
		
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		
		
		
		

The date of each amendment(s) 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 this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, 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 cast for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	g statement t(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 staction was not required.	nareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehaction was not required.	older
Signature Way have Count o.	
Signature Way June Count O.	
(By a thrector, president or other officer, hi directors or officers have i	
selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	ther court
• • • • • • • • • • • • • • • • • • • •	
(Typewor printed name of person signing)	<u>}</u>
(Typewor printed name of person signing)	
- Resident.	
(Title of person signing)	