P1900000 2579

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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:	Monthe	e Service, Inc
DOCUMENT NUMBE.	R: 7190000	02579	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Cheri DT D	Name of Contact Person Name of Contact Person Firm/ Company	Service, Irc.
	Patou	Address	21115
	E-mail address: (to be us	City/ State and Zip Cod	
For further information c	oncerning this matter, pleas	se call:	
Name of 0	Contact Person	at (72) Area Co	de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made p	payable to the Florida Depa	irtment of State:
口 \$35 Filing Fee	☑S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (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

Articles of Amendment to Articles of Incorporation of

DT AUTOMOTIVE SERVICE, INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P19000002579
(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(s) to its Articles of Incorporation:
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 agent and/or the new registered office address:
new registered agent and/or the new registered office address.
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zıp Code)
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.
Signature of New 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	<u>PT</u>	John Doc			
X Remove	<u>Y</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					
Add					
Remove					
2) Change					
Add			\ \		
Remove					-
3) Change		_ /		\	
Add			\ \		
Remove			/ ,		
4) Change		_\			
Add					
Remove		\			
5) Change		_	 		
Add					
Remove					
6) Change					
Add					
Remove					

Attach ada	ig or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)	
		
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	dment provides for an exchange, reclassification, or cancellation of issued sh	ares,
	s for implementing the amendment if not contained in the amendment itself: tapplicable, indicate N/A)	
.,	,	
		<u>.</u>
\overline{CD}	eri Parsus	
C_{i}	Ment Shares - 25%	
· -		
7.7	200ce 70 - 1590	
50	le Persons	
		
ر ن	Fest Shares - 2590	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 3112019	
(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 dadocument's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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.	s)
☐ 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):	ભા
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Dovid Ames, Dale Parsons, Cheri Parsons	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Dale Passers	
(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 cour	1
appointed fiduciary by that fiduciary)	
Dale Parene	
(Typed or printed name of person signing)	
(P	
(Title of person signing)	