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FEB 21 2019 I ALBRITTON

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	1000000 Jag 8 Pepair INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	Amie Arenson
	Name of Contact Person Advance Auto Repair INC Firm/ Company
197	65th Terrace North
<u> </u>	or Palm Beach, Fl 33413 City/ State and Zip Code
E-mail address:	Tamie 5952 all. Net (to be used for future annual report notification)
For further information concerning this mat	ter, please call:
JAMIE ATENS Name of Contact Person	at (561) 358-4599 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Inc	orporation
Advance Auto Re	PROSE TACE SUPERIOR
	y filed with the Florida Dept. of State)
· · · · · · · · · · · · · · · · · · ·	03398 12/18
	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:	
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 must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	197 65th Terrace North West Palm Beach FL 33413
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2414 Binini Drive West Palon Deach FL 33406
2414	
New Registered Office Address: W. PB	FL 33406 Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v Signature of New R	

· 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	PT John D	<u>Ooe</u>	
X Remove	V <u>Mike J</u>	lones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) K Change	PT	Jeff Arenson	West Palm Beach, Fr
Add			West Palm Beach, In
Remove			33413
2) Change	<u> </u>	Jamie Arenson	West Pain Beach FL
Add			West rain beach FL 33413
Remove 3) Change	7	JAMIE Arenson	197 65th Terrace
Add			West Pain Beach,
Remove			CI 33413
4) Change	+	Jamie Arenson	197 Costh Terrace West Palm Beach, FL 33413
Add	Tour	reasurer	West Palm Beach, FL
Remove	0.4 C		33413
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or	<u>adding additional Ar</u>	ticles, enter chang	<u>e(s) here</u> :		
(Attach addition	nal sheets, if necessary)	. (Be specific)			
MIN					
Alk -					
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<u>If an amendm</u>	ent provides for an ex	change, reclassific:	ation, or cancella	ition of issued sha	res,
provisions fo	r implementing the an	nendment if not co	<u>ntained in the an</u>	nendment itself:	
(I) not ap	r implementing the an plicable, indicate N/A)				
NK					
					
					
<u> </u>					
					
	,				· · - · · · · · · · · · · · ·
-					

The date of each amendment(s) adoption: 2/11/2017	, if other than the
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	
Effective date if applicable: (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.	ate 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(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated2/11/2019	
Signature Mexico Auson	
(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 cou appointed fiduciary by that fiduciary)	rı
Jamie AleNSO	2
(Typed or printed name of person signing)	•
Vice President	
(Title of person signing)	