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COVER LETTER

Division of Corporations KINGS AUTO CARE INC NAME OF CORPORATION: 00000 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company For further information concerning this matter, please call: 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 ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

3 KINGS AUTO CAREINC

P19000004494

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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me must be distinguishable and contain the vinc.," or Co.," or the designation "Corp.	vora corporation, company, "-"Inc," or "Co". A profession	or incorporated or the ab onal corporation name mus	it contain the wo
hartered," "professional association," or t	ie abbreviation "P.A."		
Enter new principal office address, if ap	plicable:		
rincipal office address MUST BE A STRE	<u>ET ADDRESS</u>)		
	-		_ _
Enter new mailing address, if applicabl	e:		
(Mailing address MAY BE A POST OFF			
			, ~
			
If amending the registered agent and/or new registered agent and/or the new reg		orida, enter the name of the	2:10
			2:
new registered agent and/or the new reg	istered office address:		2:10
Name of New Registered Agent	istered office address:)	
new registered agent and/or the new reg	istered office address:		
Name of New Registered Agent	<u>istered office address:</u> (Florida street address)	
Name of New Registered Agent	<u>istered office address:</u> (Florida street address)	
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if change	(Florida street address: (Florida street address (City)	. Florida	(Zip Code)
Name of New Registered Agent New Registered Office Address: www. Registered Agent's Signature, if change	(Florida street address: (Florida street address (City)	. Florida	(Zip Code)
Name of New Registered Agent New Registered Office Address: www. Registered Agent's Signature, if change	(Florida street address: (Florida street address (City)	.), Florida	(Zip Code)
Name of New Registered Agent	(Florida street address: (Florida street address (City)	.), Florida	(Zip Code)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sail</u> y	v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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Attach add	ng or adding addition litional sheets, if neces	sary). (Be specifie	")		
					
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<u>nrovision</u>	idment provides for a s for implementing th	n exchange, reclass	sification, or cance	llation of issued sh	ares,
(if no	t applicable, indicate l	√.4)	Contained in the	amendment usen.	
	<u> </u>				
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The date of each amendment(s) adoption:
**Common than 90 days after amendment file date) **Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. **Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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. 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): "The number of votes cast for the amendment(s) was/were sufficient for approval by
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"The number of votes cast for the amendment(s) was/were sufficient for approval by
Dated 6/8/20
Dated 6 - 8 - 20
Dated 6 + 8 - 20
(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 court appointed fiduciary by that fiduciary)
Venrick A Williams
(Typed or printed name of person signing)