## P1900000 5259

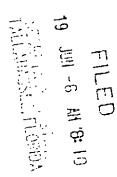
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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JUN 2 0 2019 S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LUBRI EXPRESS	QUALITY CENTER, CO	RP
DOCUMENT NUMBER: P19000005259		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
ILIANA C FLORES RODRI	GUEZ	
	Name of Contact Person	1
LUBRI EXPRESS QUALIT	Y CENTER, CORP	
<del>-</del>	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
1015 SW 14TH AVE		
	Address	
MIAMI/FLORIDA 33135		
<del></del>	City/ State and Zip Cod	e
42LIANAF@GMAIL.COM		
· ·	sed for future annual report	notification)
·	•	·
For further information concerning this matter, pleas	se call:	
ILIANA C FLORES RODRIGUEZ	,305	9243330
Name of Contact Person	at (	)de & Daytime Telephone Number
		•
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## LUBRI EXPRESS QUALITY CENTER, CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000005259	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
NONE	77
name must be distinguishable and contain the word "corporate" "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> )	1900 SW 8TH ST #W202. MIAMI FL 33135
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1900 SW 8TH ST #W202. MIAMI FL 33135
	<u> </u>
	<u> </u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	see•
NONE	A O
Name of New Registered Agent	
(Florida )	street address)
(1·10/1144-5	ireer addressy
	Florida
New Registered Office Address:	(City) (Zip Code)

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change		NONE	-
Add			
Remove			
2) Change		NONE	
Add			
Remove			
3 ) Change		NONE	
Add			
Remove			
4) Change		NONE	
Add			
Remove			
5) Change		NONE	
Add			
Remove			
6) Change		NONE	·
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
IONE	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
IONE	

The date of each amendment(s) adoption:, if other ti	ian the
date this document was signed.  05/23/2019	
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 date will not be listed document's effective date on the Department of State's records.	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.	
☐ 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"	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature  (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)	
ILIANA C FLORES RODRIGUEZ	
(Typed or printed name of person signing)	
MANAGER	
(Title of person signing)	