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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Everything On Wh	eels Auto Repair Corp	
DOCUMENT NUMB	D10000034707		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this man	tter to the following:	
1	Michael Hacker		
-	······	Name of Contact Person	1
Everything On Wheels Auto Repair Corp			
-		Firm/ Company	
	1986 N. Pinellas Ave		
-		Address	
-	Γarpon Springs, FL 34689		
-		City/ State and Zip Code	;
BOWER	1986@hotmail.com		
——————————————————————————————————————		ed for future annual report	notification)
	E man address, (to be as	ed for future difficult report	notification;
For further information	concerning this matter, pleas	e call:	
Sasha Gironda		at (⁷²⁷	808-2294
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	rtment of State:
□ \$35 Filing Fce	■\$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)
Amer Divis P.O.	ing Address Indiment Section It ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

Everything On Wheels Auto Repair Corp)				
(Name	of Corporation as curr	ently filed with the Florid	la Dept. of State)		
P19000024707					
	(Document Numb	per of Corporation (if knows	n)	•	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes,	this <i>Florida Profit Corpor</i> d	ation adopts the following	; amendn	nent(s)
A. If amending name, enter the new na	ame of the corporation	<u>ı:</u>			
N/A				_The ne	2W
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc,"	or "Co". A professional o			
B. Enter new principal office address, (Principal office address MUST BE A S		N/A			.
		 ,	.5	-29-	-
			TAC _N	و	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	LAHAS	JF - 1	Section 1
			SE:	K	
			77	. 2 .	-
			L	- 5-	-
D. If amending the registered agent ar new registered agent and/or the ne			the name of the		
Name of New Registered Agent	Michael Hacker				
Transcop Test Testant Tagem	13103 Precept Way				
	(Floria	la street address)			
New Registered Office Address:	Hudson		34669 , Florida_		
		(City)	(Zip C	iode)	•
N D. state of the male Classes of the	ha at 100 ta 14				
New Registered Agent's Signature, if c I hereby accept the appointment as regist			igations of the position.		
•		-	· ·		
Mich	ed Hadken				

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 = Chie 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	<u>Name</u>	Address
1) Change	PST	Nicholas Gironda	5633 Charles St
XAdd			New Port Richey, FL 34652
Remove			
2) X Change	<u>v</u>	Anthony Claudio	1986 N. Pinellas Ave
Add			Tarpon Springs, FL 34689
Remove			
3) Change	CEO	Sasha Gironda	5633 Charles St
X Add			New Port Richey, FL 34652
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

N/A	
The date of each amendment(s) adoption:	_, if other tha
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 document's effective date on the Department of State's records.	not be listed a
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 6.14.19 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)	
Anthony Claudio	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	