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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AAA AUTO SE	ERVICES & TIRES INC			
DOCUMENT NUME	ER:	<u> </u>			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		ALEXANDER LOPEZ			
	Name of Contact Person				
	AAA	AUTO SERVICES & TIR	ES INC		
		Firm/ Company			
	Address				
	TAMPA, FL 33609				
		City/ State and Zip Cod	c		
		VICES-INC@HOTMAIL			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
ALEXANDER LOPEZ		at (813	465-2150		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

AAA AUTO SERVICES & TIRES INC

(<u>Name o</u>	of Corporation as current	ly filed with the Florida De	pt. of State)	
P19000025217				
	(Document Number o	f Corporation (if known)	-	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following an	nendment(s
A. If amending name, enter the new na	ame of the corporation:			
N/A	. <u></u>		Th	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	Co". A professional corpo		
B. Enter new principal office address,	if annlicable:	N/A ·		
(Principal office address MUST BE A S				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		116 S GRADY AVE		_ _
		TAMPA, FL 33609	77 333 6107	
			AC E	
			<u> </u>	
D. If amending the registered agent an new registered agent and/or the new			ame of the	
Name of New Registered Agent	ALEXANDER LOPEZ		717	1 22
name by New Registered Figers	116 S GRADY AVE		—————————————————————————————————————	í
	(Florida str	reet address)		
New Registered Office Address:	TAMPA		, Florida33609	
		(City)	(Zip Cod	e)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.			ons of the position.	
	M			
	Signature of New I	Registered Agent, if changing	g	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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 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 CharMike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</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	P	JUAN JOSE CARIAS	2310 W COLUMBUS DR
Add			TAMPA, FL 33607
X Remove			
2) Change	P	ALEXANDER LOPEZ	116 S GRADY AVE
X Adđ			TAMPA, FL 33609
Remove			
3) Change	-		
Add		•	
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change		•	
Add	7		
Remove			

	ing additional Articles, eets, if necessary). (B		_		
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16		11 6 47			
provisions for impl	ovides for an exchange ementing the amendm	e, reclassification ent if not contain	ned in the amendmer	ssued snares, it itself:	
(if not applicab	le, indicate N/A)				
//A			,		
					
			•		<u> </u>
· · · · · ·					

	06/12/2019	
The date of each amendment(s) a	loption:	, if other tha
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requiren partment of State's records.	nents, this date will not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the efficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The folloeach voting group entitled to vote separately on the amendate.	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required. The amendment(s) was/were add	pted by the board of directors without shareholder action an . pted by the incorporators without shareholder action and shareholder action action and shareholder action ac	
action was not required.		
06/13	/2019	
Dated Signature	The Su	
(By a d selecte	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	ALEXANDER LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	