P19000029643

(Requestor's Name)	
 	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
(,	
PICK-UP WAIT	MAIL
(Business Entity Name)	-
(Document Number)	_
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JUN 2 4 2019 C Kinsey

COVER LETTER

Division of Corporations NAME OF CORPORATION: DC. TICE II IOC. DOCUMENT NUMBER: <u>P1900029643</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andres Morillo
Name of Contact Person Tire II in C 2615 W Hillsborough Ave Tampa, FL. 33614
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andres Merillo
Name of Contact Person at (352) 875 -1396

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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment ncorporation Artic

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Dr. live II inc	· ·		4. 18		
(Name of C	Corporation as currently	filed with the Florida Dep	ot, of State)		
P19000029643					
	(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation :	idopts the followin	g amendme	m(s) t
A. If amending name, enter the new nam	e of the corporation:				
nla				The new	,
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corpor		bhreviation	ľ
B. Enter new principal office address, if a		nla			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		n I A		_ s 2	
			TALLA	2019 JUN 1 3	-
D. If amending the registered agent and/ new registered agent and/or the new r		ss in Florida, enter the na	me of the	13 PH	T
Name of New Registered Agent	<u> </u>			6: 30	*11.00.07
_	(Florida stree	et address)		i · ;	
	in Lo	· uuto ettiy			
New Registered Office Address:	- DTH	City)	_, Florida(Zip)	Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as registered	nging Registered Agent: ed agent. I am familiar wi	th and accept the obligatio	ns of the position.		
<u></u> 1	A				
	Signature of New Re	gistered 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 = 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Alaa AL Atrach	1610 Firewheel DR.
X Add			Wesley Chapel, E.L. 33
Remove			
2) Change		019	
Add			
Remove			
3) Change		NID	
Add			
Remove			•
4) Change		<u> nia</u>	
Add			
Remove			
5) Change		nia	
Add		•	
Remove			
6) Change		ρ <u>Ι</u> Α	
Add			
Remove			

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		·			
f an amendment p	provides for an exchan	ge, reclassification	, or cancellation o	f issued shares,	
provisions for imp	plementing the amenda	ment if not contain	ed in the amendm	ent itself:	
(if not applica	ible, indicate N/A)				
IΑ					
<u>(1)</u>					
		_			
			<u> </u>		
					
				•	

The date of each amendment(s) adoption:	, if other than the
N10	
(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 as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 06/10/2019	
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)	
(Typed or printed name of person signing)	
President (Title of person signing)	-
(Title of person signing)	