## P190000 36624

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:P	OS, INC.	
DOCUMENT NUME	D1000003//84		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	BRIGETTE ANN DELUCIA	<b>.</b>	
		Name of Contact Person	1
	KASBAR, SANCHEZ & DE	LUCIA	
	·	Firm/ Company	
	3880 SHERIDAN STREET	· · · · · · · · · · · · · · · · · · ·	
•		Address	<u> </u>
	HOLLYWOOD, FL 33021		
		City/ State and Zip Cod	<u> </u>
briget	te@ksdaccounting.com		
	-	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
BRIGETTE ANN DELUCIA		954 at (	983-2990
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations a Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MOTORTECH PROS, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000036624	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALL AHASSEE
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the REST
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	Florida (Gin Code)
	(Zip Code) th and accept the obligations of the position.
Signature of New Reg	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, an 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 offic 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	MICHAEL SHIRINIAN	14685 VIA TIVOLI COURT
Add X Remove			DAVIE, FL 33325
2) Change	PD	VAROUJ SHIRINIAN	5700 PLUNKETT STREET
X Add			HOLLYWOOD, FL 33023
3 ) Change Add			HASSES FLO
Remove 4) Change Add Remove			FAIL DRIDA
5) Change Add Remove			
6) Change Add			
Remove			

f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)			
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		19	
	7.7	I NOF	•
If an amendment provides for an exchange, reclassification, or cancellation of issued shar	es. S	-Z	
provisions for implementing the amendment if not contained in the amendment itself:	77. 17.		7
(if not applicable, indicate N/A)		PH 4: 07	
	77. 97. 97.	<u>-</u>	<u> </u>
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	<u>45&gt;&gt;</u>	<del></del>	
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APRIL 24.2019	re at at at
The date of each amendment(s) adoption: date this document was signed.	if other than th
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 document's effective date on the Department of State's records.	be listed 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 east) for the amendment(s) was/were sufficient for approval	
by Marle (voting group)	
The amendment(6) 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 5-7-19	
Signature (By a director, president or other officer if directors or officers have not been president or other officer if directors or officers have not been president or other officer.)	<del>- 1</del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
VAROUJ SHIRINIAN	
(Typed or printed name of person signing)	
PRESIDENT/DIRECTOR	

(Title of person signing)