## P190000 17528

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## **COVER LETTER**

TO: Amendment Section Division of Corporations CITY LUBE GROUP NAME OF CORPORATION: P19000077528 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NIURYS MARANTE Name of Contact Person CITY LUBE GROUP Firm/ Company 4980 SW 52ND ST, STE 107 Address DAVIE, FLORIDA 33314 City/ State and Zip Code NIURYSMARANTE@CITYLUBE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NIURYS MARANTE 305 903 1506 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CITY LUBE GROUP, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation,"	"company:" or "incorporated" or the abbreviation "Corp"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	हिंदी देव
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	_
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.	
	<del></del>
Name of New Registered Agent	<del> </del>
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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 <u>V</u> Mike Jones $\underline{X}$ Add <u>SV</u> Sally Smith Type of Action <u>Title</u> **Name** Address (Check One) VΡ ABNER BECERRA 780 RENMAR DR 1) \_\_\_\_ Change PLANTATION, FL 33317 \_\_\_ Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_ Add \_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_ Add \_\_\_\_ Remove 51 \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 6) \_\_\_\_ Change Add Remove

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an amendment provides for an exc	change, reclassificatio	n, or cancellation o	f issued shares,	
rovisions for implementing the am (if not applicable, indicate N/A)	endment if not contain	ned in the amendm	ent itself:	
(y ma appricame, materie : m.t.)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed. 03/24/2020	
Effective date if applicable:	
(no m	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK (	<u>ONE</u> )
The amendment(s) was/were adopted by the incorporaction was not required.	orators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approve	
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	nolders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	(s) was/were sufficient for approval
by	••
(voting gro	ωρ) 
02/24/2020	
Dated	
Signature	
	other officer – if directors or officers have not been
appointed fiduciary by tha	or – if in the hands of a receiver, trustee, or other court
NIURYS MARA	• •
	or printed name of person signing)
PRESIDENT	
(Title o	person signing)

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