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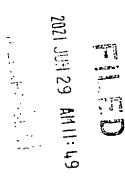
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COVER LETTER

Division of Corporations NAME OF CORPORATION: Boca Firestone Service Center, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jay Seewald Name of Contact Person Boca Tire and Auto Service Center, Inc Firm/ Company 5300 West Hillsboro Blvd, Suite 203 Address Coconut Creek, Fl. 33073 City/ State and Zip Code jay@onthemovegas.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jay Seewald Name of Contact Person 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** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Cornoration as curren	ntly filed with the Florida Dept. of State)
P21000053427	any nice will the Horizontal Dept. or State)
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Boca Tire and Auto Service Center, Inc	The new
name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A SS =
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office ad	Idraes in Florida, onter the name of the
new registered agent and/or the new registered office addre	
N/A Name of New Registered Agent	
name ty new regimes on right	
(Florida s	street address)
New Registered Office Address: N/A	Florida
wew negistered Office Address.	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position
	De la contraction de la contra
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	V	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	N/A	_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pomovo			

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if an amen	dment provides	for an exchange.	<u>, reclassificatio</u>	<u>n, or cancellatio</u>	i oi issued shares,	
provision:	s for implementi	ing the amendme	<u>, reclassificatio</u> int if not contai	n, or cancellation ined in the amen	dment itself:	
provision: (if not	dment provides s for implementi applicable, indic	ing the amendme	, reclassificatio ent if not contai	n, or cancellation ned in the amen	dment itself:	
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The data of each amount—ant/a) adapt	N/A	
The date of each amendment(s) adopted date this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> : 06/25/20		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date we ment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
officers by	••	
<u> </u>	(voting group)	
06/25/2021 Dated		
Dated		
Signature	Yh C	
selected by	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
Jay S	Seewald	
	(Typed or printed name of person signing)	
Presi	ident	
	(Title of person signing)	