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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	US Aut	o Repair	4 Tire	enter Inc
NAME OF CORPORATION: DOCUMENT NUMBER:	P22000	022449		
The enclosed Articles of Amenda				
Please return all correspondence	concerning this ma	tter to the following		
	Kazi	Arafat		
	7 - 2	Arafat Name of Contact	Person	
				e Center Inc
	770	Firm/ Comp N Stacte A Address	iny 7,	
	, · · - · -	Address		
	Plantation, FL- 33317			
		City/ State and Z	ip Code	
	Info Puca	y to and time	cam	
E-ma	l address: (to be us	wtoardtive : sed for future annua	report notification	on)
For further information concerning	ng this matter, pleas	se call:		
O		_	-	1
Lbra KI	<i>r</i> -0↑	at (61 30	ine Telephone Number
Name of Contact	rerson	اح.	rea Code & Dayi	une Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Flori	la Department of	State:
~	3.75 Filing Fee & tificate of Status	□\$43.75 Filing I Certified Copy (Additional copenclosed)	Certif r is Certif (Addi	60 Filing Fee . ficate of Status fied Copy tional Copy closed)
Mailing Address Amendment Sco Division of Co P.O. Box 6327 Tallahassee, FI	retion rporations		Street Address Amendment Sect Division of Corpo The Centre of T 2415 N. Monro Tallahassee, FL 3	orations 'allahassee e Street, Suite 810

Articles of Amendment

to Articles of In		7(1)?
0	f	
US Auto Repair	& Tire Cente	r Inc. 6
(Name of Corporation as current	ly filed with the Florida I	Dept. of State)
P220000 22	2449	
(Document Number of	of Corporation (if known)	(9) 60
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporatio	n adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
N/A		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.	A professional corporatio	ed" or the abbreviation "Corp.,"
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:		
(Mailing address MAY BE A POST OFFICE BOX)	\sim	A
•		
		
D. If amending the registered agent and/or registered office add	tress in Flarida, enter the	name of the
new registered agent and/or the new registered office addres		name of the
Name of New Registered Agent	N/A	
Name ii) New Registerea Ageni	<u> </u>	
and the state of t		
(Pioriau M	reet address)	
New Registered Office Address:	N/A	, Florida
	(City)	(Zip Code)
Name Descriptions of Assert! Circustome if showing Descriptional Asserts	4.	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>v:</u> with and accept the obligat	tions of the position.
N/A	Registered Agent, if changi	
Signature of New I	Registered Agent, if changing	ıg
Check if applicable		
\square 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	2 Jones	
<u>X</u> Add	<u>SV</u> <u>Saily</u>	<u> Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Dire	Golam Rabbani	3131 Paysage PL Traverse city, MI-49686
Add			Traverse city, MI-49686
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	NIA
	N/P
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A

The date of each amendment(s) adopt date this document was signed.	ion:	, it other than the
Effective date <u>if applicable</u> :	08/ 29/22 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, th	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was were adopted action was not required.	by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was were adopted by the shareholders was were suffic	I by the shareholders. The number of votes east for the amenda ent for approval.	nent(s)
"The number of votes east for	ed by the shareholders through voting groups. The following state has voting group entitled to vote separately on the amendment(s): the amendment(s) was/were sufficient for approval (voting group)	7. 256 -6
Dated0	8/25/22 Pinen	PH 4: 09 Críonnia
(By a direct selected, by	or, president or other officer - if directors or officers have not by an incorporator - if in the hands of a receiver, trustee, or other iduciary by that fiduciary)	
	Tha Rimon (Typed or printed name of person signing)	
	(Title of person signing)	