P930000 77253

(Re	equestor's Name)			
(Ad	idress)	_		
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(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: ALL AMERICAN LUBE OF BOCA, INC				
DOCUMENT NUMBER: P930000 77 253				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
SHEILA A. MILLARD Name of Contact Person ALL AMERICAN LUBE OF BOCA, INC Firm/ Company 19351 NEW ENGLAND BLVD Address BOCA RATON FL 33498 City/ State and Zip Code Sheila, Millard 33@ gmail-com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
SHEILA A. MILLARD at (561) 5430470 Name of Contact Person Area Code & Daytime Telephone Numb Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

Articles of Incorporation

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of

ALL AMERICAN LUBE	OF BOCA, INC
(Name of Corporation	as currently filed with the Florida Dept. of State)
P9300007725	3
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration: The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRE	ESS)
	70
C. Enter new mailing address, if applicable:	11/1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NA
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent NA	
	· · · · · · · · · · · · · · · · · · ·
	(Florida street address)
Nama Paraintanad (1966an Addresses	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	ered Agent: um familiar with and accept the obligations of the position.
	and New Project and American School
Signatui	re 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.

address of each Office (Attach additional shee Please note the officers P = President: V = Vic Executive Officer; CFC President, Treasurer, I Changes should be not a change, Mike Jones of Mike Jones, V as Rema	er and/or I ets, if neces director tit e Presiden) = Chief F Director wo ed in the fo leaves the c	Director being added: sary) le by the first letter of the offic t; T= Treasurer; S= Secretar inancial Officer. If an officer, uld be PTD, illowing manner. Currently J	ce title: ry: D= Director; TR= Tri /director holds more than /ohn Doe is listed as the P	ustee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	_5	BRIANNA	C. MILLARD	41 MORELAND RD
Add				PAOLI PA 19301
Remove 2) Change	<u></u>	HELENE E	OCONNEUL	2655 BOLERO DR # 1203

NAPLES, FL 34109

Add

Remove 3) Change

____ Add

4) ____ Change

____ Add

5) ____ Change

____ Add

6) ____ Change

____ Add

____ Remove

____ Remove

____ Remove

____ Remove

ttach additional sheets, if necessary).	dditional Articles, enter change(s) here: (Be specific)
<u>A</u>	
<u> </u>	
	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
1/A	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·

The date of each annual and	M(s) adeption:	if other thanth.
date this document was signed.	priorit) n oner man the
Effective date <u>if applicable</u> :	FAILE 14 3030 (no more than 90 days after amendment fi	le date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for icient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The jack voting group entitled to vote separately on the am	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
(By a dire selected,	LAR A MAILE LA Sector, president or other officer – if directors or officer by an incorporator – if in the hands of a receiver, trust I fiduciary by that fiduciary)	
_	SHELLA A. MILLARD (Typed or printed name of person signing)	
_	PRESIDENT	
	(Title of person signing)	