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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Bobby's Automotive Repair, Inc.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert J. Krier, Jr. (President Name of Contact Person Bobby's Automotive Profair, Inc Firm/Company 1562 SE Village Green Drive BAY #4 Address PORT ST. Lucie Florida 34952 City/ State and Zip Code Bobbys Autore De amail Com E-mail address: (to be used for future annual report addition)
For further information concerning this matter, please call:
Robert J. Krier, JR. (fes) 1, 772, 337-2202 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:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, Fl. 32314

Articles of Amendment

to

Articles of Incorporation

Dobbys Hutomotive Repair, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new 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". A/professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Mew registered agent units of the new registered states and the second states are second states and the second states are second states and the second states are second state
Name of New Registered Agent
/ (Florida street address)
New Registered Office Address: Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

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:	u/10 1300	iy omun, i.	or as an raa.			
X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Joi	nes			
X Add	<u>sv</u>	Sally Sm	<u>rith</u>			
Type of Action (Check One)	<u>Title</u>		Name	Address		
1) Change	$\sqrt{}$	_	Jonathan James Krier	Port ST. Lucie, F1.		
Add				Port ST. Lucie, F1.		
Remove				34953		
2) Change						
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change	-	_	 			
Add						
Remove						

If amending o (Attach additio	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
·	
	<u> </u>
·	
provisions fo	tent provides for an exchange, reclassification, or cancellation of issued shares. or implementing the amendment if not contained in the amendment itself: plicable, indicate N/A)
·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	I not 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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) 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.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Robert J. Krier, Jr. (Typed or printed name of person signing) President	<u>President</u>
(Title of person signing)	