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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MASTER TECH A	AUTO REPAIR, INC.			
DOCUMENT NUME	P95000079978				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	BART KING				
		Name of Contact Person	n		
	MASTER TECH AUTO REPAIR				
		Firm/ Company			
	911 NW 209TH AVE. #135				
		Address			
	PEMBROKE PINES, FL 330)29			
		City/ State and Zip Cod	e		
BKIN	G@AOL.COM				
		sed for future annual report	notification)		
	,		,		
For further information	concerning this matter, pleas	se call:			
BART KING		954 at (436-5090		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

MASTER TECH AUTO REPAIR, INC.

(Name o	of Corporation as currently	filed with the Florida Dept. o	f State)
MASTER TECH AUTO REPAIR, INC.	P95000	079978	
<u> </u>	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
	. <u>.</u>		The new
name must he distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporatio	
B. Enter new principal office address,	if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)			数数 1 声
		·	The state of the s
		·	
C. Enter new mailing address, if appli	iga blas		[<mark>오</mark> 토 요
(Mailing address MAY BE A POST			10 58 58
			Sent Control of the C
D. If amending the registered agent an	d/or registered office eddre	oss in Florida, antor the name	of the
new registered agent and/or the new			ot the
N CN D L	BART KING	·	
Name of New Registered Agent	911 NW 209 AVE. #135		
	(Florida stre	at address	
	PEMBROKE PINES	er adaress)	33029
New Registered Office Address:			lorida
	(City)	(Zip Code)
Now Designationed Amentle Simulature if a	hamaina Danistanad Amant.		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Registered Agent: Pered agent. I am familiar w	ith and accept the obligations of	f the position.
<i>y</i> 1 11 <i>G</i>		1	, F
	150.0) 19 M	
	Jan	Y /	
	Signature of New Re	egistered Agen s of cha nging	

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>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PTSD	JOHN HANSON	911 NW 209 AVE. #135
Add			PEMBROKE PINES, FL 33029
X Remove			
2) Change	Р	BART KING	911 NW 209 AVE, #135
X Add			PEMBROKE PINES, FL 33029
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	, , <u>, , , , , , , , , , , , , , , , , </u>
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
(no more than 90 days after amenament 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.	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.	
11/01/2017 Dated	
Signature M. Company	
(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)	
JOHN HANSON	
(Typed or printed name of person signing)	
PRESDIENT	
(Title of person signing)	