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COVER LETTER

TO: Amendment Sec Division of Corp					
NAME OF CORPO	RATION: Tire Shiel	d, Inc.			
DOCUMENT NUMBER: P99000038052					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Robert A. Steri	mer			
		Name of Contact Person	1		
	Attorney				
		Firm/ Company			
	7480 SW Hwy.	200			
		Address			
	Ocala, FL 3447	76			
		City/ State and Zip Code	e		
sv	1@atlantic.net				
		sed for future annual report	notification)		
		•	·		
For further information	on concerning this matter, pleas	se call:			
Robert A. Stermer, Esq. at (352) 861-0447					
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	☐\$43.75 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)		
Mailing Address Street Address					
	endment Section		ment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
	lahassee, FL 32314	2661 E	xecutive Center Circle		
		Tallaha	ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

	FILES). -
	CEP 10	PH 4: 07
3134	. 35 	OF STATE

Tire Shield, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000038052

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation "Co.,"	Corp," "Inc," or "Co	". A profes.	" or "incorp sional corpor	orated" or the a
rd "chartered," "professional association," or Enter new principal office address, if applic				
incipal office address MUST BE A STREET		<u> </u>		
				
Enter new mailing address, if applicable:		<u> </u>		
Enter new maining address, if applicable:				
(Mailing address MAY BE A POST OFFICE	(BOX)		· .=	
	<u>(BOX</u>)			
	<u>: BOX</u>)			
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(Mailing address <u>MAY BE A POST OFFICE</u> If amending the registered agent and/or reg new registered agent and/or the new registe	istered office addres	s in Florida,	enter the na	me of the
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(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or reg new registered agent and/or the new registe	istered office addres red office address: (Florida street			-

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	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	illy Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>s</u>	Travis Otto	7150 Copper Road
Add			Las Vegas, NV 89193
Remove			
2) Change	PD	Mark Otto	155 Supreme Court
Add			St. Augustine, FL 32086
Remove			
3) Change			
Add			
Remove			
4) Change			
Add Remove			
Remove			
5) Change			
Add			
Remove			
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6) Change			
Add			
Remove			

	(Be specific)
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If an amandment provides for an arch	names productification or consollation of instead above
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_8/14/201	4	
Signature	au to	_
	rector, president or other officer - if directors or officers have not been	
	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Mark Otto	
	(Typed or printed name of person signing)	_
	President/Director	
•	(Title of person signing)	