# S25750

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Arlington Tire and	Service Center, Inc.	
DOCUMENT NUM			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Adam Taft		
		Name of Contact Person	n
	Taft Family LLC		
		Firm/ Company	
	47 Bluebonnet Way		
		Address	· · · · · · · · · · · · · · · · · · ·
	St. Augustine, FL 32092		
	· <del></del>	City/ State and Zip Cod	e
	Adam TAFT E-mail address: (to be us	52 @ Gma, L. sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Timothy Shippee		904 at (	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 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
Amendment Section Division of Corporations P.O. Box 6327

Street Address Amendment Section Division of Corporations The Centre of Tallahassee

# Articles of Amendment Articles of Incorporation of

Arlington Tire and Service Center, Inc.

FILED

( <u>Name (</u> S25750	of Corporation as currently	filed with the Florida D	Perport State) All 9: 14
	(Document Number of C		<del>्रात् अः [[_</del>
Pursuant to the provisions of section 607. ts Articles of Incorporation:		·	adopts the following amendment(s
If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain Inc.," or Co.," or the designation "Cochartered," "professional association,"	'orp." "Inc." or "Co". A		
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
Enter new mailing address, if apple (Mailing address <u>MAY BE A POST</u> )			
. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the	name of the
Name of New Registered Agent	Adam M. Tafi	·	
	47 BluebonnetWay		
	(Florida stree St. Augustine	t address)	32092
New Registered Office Address:	St. Magastine		, Florida 52092

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

### Check if applicable

☐ 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:

 $P \neq President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR = Trustee; C \neq Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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> 171</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	<u>ce Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Preston, Arthur David, IV	5807 Merrill Road
Add			Jacksonville, FL 32277
X Remove			
2) Change	DCEO	Taft, Adam M.	47 Bluebonnet Way
X Add			St. Augsutine, FL 32092
Remove 3 ) Change	P	Tafi, Samantha	47 Bluebonnet Way
X Add			St. Augustine, FL 32092
Remove			<del></del>
4) Change			
Add			
Remove			
51 Change			_
Add			
Remove			
6)Change			_
Add			
Remove			

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N-A)  N/A	N/A
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate Not)	
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	provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate Not)
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The date of each amendment(s) adoption:
Effective date if applicable:  (no more than 90 days after amendment file date)
tho more than 90 days after amenament fue dates
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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
by
January 25, 2024 Dated
Signature / S
(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)
Adam M. Taft
(Typed or printed name of person signing)
Chief Executive Officer
(Title of person signing)