## S25750

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: Arlington Tire and	Service Center, Inc.			
DOCUMENT NU	MBER:		<u></u> _		
	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	Eddie David				
		Name of Contact Person	1		
	Arlington Tire & Service Center. Inc.				
	Firm/ Company				
	5807 Merrill Road				
		Address			
	Jacksonville, FL 32277				
	-	City/ State and Zip Code	2		
	eddiedavid97@gmail.com				
	·· -	sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas		280-5526		
Nam	e of Contact Person	ar ( Area Co	) 280-5526 de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Arlington Tire and Service Center, Inc.		of	
	of Corporation as cu	rrently filed with the F	
S25750			2024 HAY 31 AH 8: 45
	(Document Nun	nber of Corporation (if k	nown)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes	s, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new m	ame of the corporation	on:	
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	.orp," "Inc," or "Ce	o". A professional cor	orporated" or the abbreviation "Corp.," poration name must contain the word
B. Enter new principal office address.			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
		-	
C. Enter new mailing address, if appli	icable:		
(Mailing address MAY BE A POST)			
- <del></del>			· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent an new registered agent and/or the new			ter the name of the
new registered agent and/or the nev		idtess.	
Name of New Registered Agent	Eddie David		
	5807 Merrill Road		
	(Flor	ida street address)	
Your Device on LOW or 4 Live or	Jacksonville		32277
New Registered Office Address:		(Cuy)	, Florida (Zin Code)
		•	. ,
New Registered Agent's Signature, if c	hanging Registered /	Agent:	
I hereby accept the appointment as regist			obligations of the position.
P)	<i>(/ ()</i>	-//	
- Cell	. dann	<u> </u>	
	Signature of 8	New Registered Agent, if	changing

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 = 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	PT John	<u> Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D,P,S,T	David, Eddie	5807 Merrill Road
X Add			Jacksonville, FL 32277
Remove			
2) Change	DCEO	Taft, Adam M.	47 Bluebonnet Way
Add			St. Augsutine, FL 32092
X Remove 3.) Change	P	Tafi, Samantha	47 Bluebonnet Way
Add			St. Augustine, FL 32092
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued s provisions for implementing the amendment if not contained in the amendment itself	<del>hares.</del> F:
(if not applicable, indicate N/A)	_
N/A	

•

	option:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, that artment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt action was not required.	ited by the incorporators, or board of directors without shareholds	er action and shureholder
The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholders. The number of votes cast for the amend ficient for approval.	ment(s)
	oved by the shareholders through voting groups. The following s ach voting group entitled to vote separately on the amendment(s)	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by		
<u> </u>	(voting group)	
May <b>2 1</b> 20 Dated	24	
Daicu		
Signature	Land	
(By a dire	ector, president or other officer - if directors or officers have not	been
	by an incorporator – if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary)	r court
	iddie David	
_	(Typed or printed name of person signing)	
F	resident	
_	(Title of person signing)	_ <del></del> .