# PD4000154234

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phone | <del></del> |
| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
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DIVISION OF CORPORATIONS

Amend Cus Mand Chs Mand Chs

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | ORATION:                              | LUIS AUTO                                    | REPA                        | IR & SERV                                     | ICE INC.  |
|--|---------------------------------------|--|-----------------------------|---|---|
| DOCUMENT NUM   | UMBER: P04000154234                   |  |                             |   |   |
| The enclosed Article   | es of Amendment                       | and fee are submitt                          | ted for fill                | ing.  |   |
| Please return all cor  | respondence conc                      | erning this matter t                         | o the folk                  | owing:  |   |
| _  |                                       | LUIST  | <del></del>                 |   |   |
|  | Name of Contact Person                |  |                             |   |   |
| _  | LU                                    | IS AUTO REPAIR                               | <del> </del>                | VICE INC.                                     |   |
|  |                                       | Firm/ Co                                     | mpany                       |   |   |
|  |                                       | 176 SW                                       | 14CT                        |   |   |
|  |                                       | Addr   | ess                         |   |   |
| _  |                                       | DEERFIELD BE                                 | ACH FL                      | 33441   |   |
|  |                                       | City/ State an                               | d Zip Code                  | :   |   |
|  | lı<br>E-mail address                  | uisautorepair@ho<br>: (to be used for future | otmail.com                  | m<br>ort notification)                        |   |
| For further informat   | ion concerning th                     | is matter, please ca                         | l <b>l</b> :                |   |   |
|  | UIS TREJO                             | at (_  | 954                         | ) 3<br>le & Daytime Tel                       | 947561  |
| Enclosed is a check  |                                       | amount made paval                            |                             |   |   |
|  | ✓ \$43.75 Filing For Certificate of S | ee & S4                                      | 3.75 Filing<br>ertified Cop | Fee &   | \$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 |                                       | Ame<br>Divi<br>Clift<br>2661                 | on Buildi                   | ection<br>orporations<br>ng<br>e Center Circl | e   |

### **Articles of Amendment Articles of Incorporation**

#### LUIS AUTO REPAIR & SERVICE INC.

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

#### P04000154234

(Document Number of Corporation (if known)

| A. If amending name, enter the new name of the corpor   |                                   |                        |
|---|-----------------------------------|------------------------|
| LUIS AUTO REPAIR & S  |                                   | The new                |
| name must be distinguishable and contain the word "abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional as | "Corp," "Inc," or "Co". A pr      | ofessional corporation |
| B. Enter new principal office address, if applicable:   | 176SW 14CT                        |                        |
| (Principal office address <u>MUST BE A STREET ADDRE</u>   | DEERFIELD BEACH                   |                        |
|   | FL 33441                          |                        |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 176SW 14CT                        |                        |
|   | DEERFIELD BEACH<br>FL 33441       |                        |
|   |                                   |                        |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  |                                   | e name of the          |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.  Name of New Registered Agent:                        |                                   | e name of the          |
| <u>Name of New Registered Agent:</u>  |                                   | e name of the          |
| Name of New Registered Agent:  New Registered Office Address:   | address:  Florida street address) | orida                  |
| Name of New Registered Agent:  New Registered Office Address:   | address:  Florida street address) | orida                  |

## 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)

| <u>Title</u> | <u>Name</u>  | Address | Type of Action |
|--------------|--|---------|----------------|
|              |  |         |                |
|              |  |         |                |
| <del></del>  |  |         | Add Remove     |
|              | litional sheets, if necessary). (Be spe  |         |                |
|              |  |         |                |
| provision    | endment provides for an exchange, range for implementing the amendment applicable, indicate N/A) |         |                |
|              |  |         |                |
|              |  |         |                |
|              |  |         |                |
|              |  |         |                |

| The date of each amendment(                            | s) adoption: 03/09/2011   |
|--|---|
| Effective date <u>if applicable</u> :                  | (date of adoption is required) (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                               | (CHECK ONE)   |
| The amendment(s) was/were by the shareholders was/were | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.  |
|  | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes c                                 | ast for the amendment(s) was/were sufficient for approval   |
| by   | (voting group)  |
| The amendment(s) was/were action was not required.     | e adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/were action was not required.     | e adopted by the incorporators without shareholder action and shareholder   |
| Dated_03 / 0   | 9 / 20 1  |
| selec  | a director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
|  | LUIS TREJO  |
|  | (Typed or printed name of person signing)   |
|  | PRESIDENT   |
|  | (Title of person signing)   |