

PD6000102685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

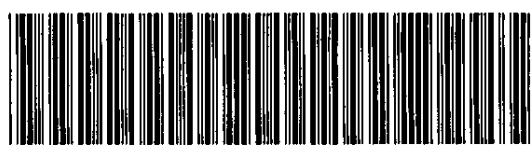
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/13--01009--016 **35.00

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AND
FILED

13 OCT 21 PM 4: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 28 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2013

RODRIGO POSADA / GRUSHOFF & POSADA, INC.
6991 W BROWARD BLVD SUITE 105
PLANTATION, FL 33317

SUBJECT: AAA.COM DRIVING SCHOOL, INC.
Ref. Number: P06000102685

We have received your document for AAA.COM DRIVING SCHOOL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 913A00024860

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AAA.COM DRIVING SCHOOL, INC

DOCUMENT NUMBER: P06000102685

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODRIGO POSADA
Name of Contact Person

GRUSHOFF & POSADA, INC.
Firm/ Company

6991 W BROWARD BLVD STE 105
Address

PLANTATION, FL 33317
City/ State and Zip Code

RODRIGO@EZFILEINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODRIGO POSADA at (954) 316-2590
Name of Contact Person Area Code & 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
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

APPROVED
AND
FILED

13 OCT 21 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AAA.COM DRIVING SCHOOL, INC.

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

P06000102685

(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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

AB AUTO DRIVING SCHOOL, INC.

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

Signature of New Registered Agent, if changing

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: _____
date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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):

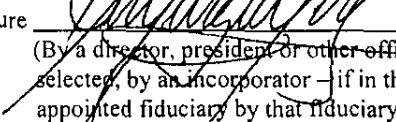
“The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated _____

Signature  _____
(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)

SONIA GIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

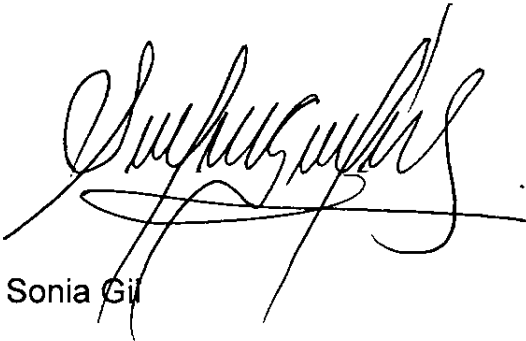
AB AUTO DRIVING SCHOOL
17038 WEST DIXIE HWY
MIAMI FL 33160
3052977361
aboutdrivingandtraffic@gmail.com

Carolyn Lewis

Good morning. My name is Sonia Gil and this is in reference of the letter number 913A00024860. In reference a mistake that my accountant made. I'm the Owner of AAA.COM DRIVING SCHOOL Document Number **P06000102685**, we requested a name change from AAA.COM DRIVING SCHOOL to AB AUTO DRIVING SCHOOL. Our accountant made a mistake and opens a new corporation under AB AUTO DRIVING SCHOOL Document Number **P1300045565**. Since I just wanted to change the name I have not intention of revoking the dissolution, therefore we realse the name to be use again.

I want to change the name from AAA.COM DRIVING SCHOOL TO AB AUTO DRIVING SCHOOL.

Thank you for your time. Any question please fell free to call me or email at 305-297-7361 or email me at aboutdrivingandtraffic@gmail.com



Sonia Gil