## P110000 73188

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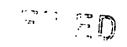
C GOLDEN SEP - 7 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	:ALAYON AUTO	REPAIR AND PAINT IN	IC
DOCUMENT NUMBER:	P11000073188		
The enclosed Articles of Amen	dment and fee are st	ibmitted for filing.	
Please return all correspondenc	e concerning this ma	itter to the following:	
		Raydel Ballester	
		Name of Contact Person	n
	ALAYO	N AUTO REPAIR AND PA	AINT INC
<del></del>		Firm/ Company	
	4	1835 EAST 11TH AVENU	E
<del></del>		Address	
		HIALEAH, FL 33013	
		City/ State and Zip Cod	e
	a	layonautorepair@gmail.cor	n
E-n	nail address: (to be u	sed for future annual report	notification)
For further information concert Raydel Balles		305	440-8572
Name of Contact Person		at ( Area Co	) de & Davtime Telephone Number
Enclosed is a check for the follo			
•	43,75 Filing Fee & entificate 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 Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation of



## ALAYON AUTO REPAIR AND PAINT INC

2019 EIIC 27 AM 8: 3

(Name of C	Corporation as currentl	y filed with the Florida	Dept. of State)	• 0
	P11000073188			· <u>'</u>
	(Document Number o	f Corporation (if known)	<del></del>	<del></del>
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corporation	on adopts the following amendmen	t(s) tc
A. If amending name, enter the new name	e of the corporation;	NIA	The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association	on "Corp," "Inc," or "	Co". A professional con	corporated" or the abbreviation	
B. <u>Enter new principal office address</u> , if a (Principal office address <u>MUST BE A STR</u>		N	Α	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)  D. If amending the registered agent and/or registered office address			name of the	
new registered agent and/or the new r	HEYLER MORELL			
Name of New Registered Agent	4835 EAST 11TH /			
		eet address)		
	HIAL		33013	
New Registered Office Address:		(Ciţv)	, Florida(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered.			ntions of the position.	
	Signature of New R	Registered Agent, if chang	ing	

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	JOSE M ALAYON	4835 EAST 11TH AVENUE
AddX Remove			HIALEAH, FL 33013
2) Change	S	JOSE ARISMAY ALAYON	2601 WEST 60TH PL
Add			HIALEAH, FL 33016
Remove 3) Change	P	HEYLER MORELL SANTROOS	4835 EAST 11TH AVENUE
X Add			HIALEAH, FL 33013
4) Change	ST	RAYDEL BALLESTER ECHARTE	4835 EAST 11TH AVENUE
X Add			HIALEAH, FL 33013
Remove			
5) Change Add			
Remove			
6) Change			<del></del>
Add			

(Attach	additional sheets, if necessary). (Be specific)  additional sheets. The new distribution of shares are:
50 perc	ent of shares -Title: P - Name: Heyler Morell Santroos
50 perc	ent of shares- Title: SF Name: Raydel Ballester Echarte
<u> </u>	
provis	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself; (not applicable, indicate N/A)
	N/A

•	08/20/2019	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
man of the second	08/20/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	ท(ร)
	oproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/20/20 Dated Signature	19 7/15/1	
(By a selec	director, president or other officer – if directors or officers have not beeted, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	HEYLER MORELL SANTROOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del> </del>