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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ALAYON AUTO	REPAIR AND PAINT BO	DDYSHOP INC
DOCUMENT NUMBER:	P11000073188		
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
	RA	YDEL BALLESTER ECH	IARTE
	<del></del>	Name of Contact Person	n
	ALAYON AUTO	O REPAIR AND PAINT B	SODYSHOP INC
		Firm/ Company	
		4835 EAST 11TH AVE	NUE
		Address	
		HIALEAH, FL 33013	
		City/ State and Zip Cod	С
		alayonautoreair@gmail.co	om
E-ma	nil address: (to be us	sed for future annual report	notification)
For further information concerni	ng this matter, pleas	se call:	
RAYDEL BALLESTER	RECHARTE	305	440-8572
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Dep	artment of State:
2	3.75 Filing Fee & rtificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations	Amend Division The C 2415	Address  Idment Section  Ion of Corporations  Iontre of Tallahassee  N. Monroe Street, Suite 810  assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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ALAYON AUTO REPAIR	AND PAINT BODYSHOP INC 2020 144 20 PH 3: 24
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1100007	73188
(Document Number of O	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F_0$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ALAYON AUTO REPAIR A	ND PAINT INC The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
	N/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)	N/A
	<del></del>
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	N/A
(Florida stree	et 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 wi	ith and accept the obligations of the position.
- managed and any managed and an angle and an	
Cinnature of View Box	vistered Agent if changing

Check if applicable

<sup>☐</sup> 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)

Example:

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.

X Change	$\overline{\text{bL}}$	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			<del></del>
Remove 2) Change		N/A	
Add			
Remove Change		N/A	
Add			
Remove 4) Change		N/A	
Add			
Remove		N/A	
5) Change Add	<del></del>	<del></del>	
Remove			
6) Change		N/A	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	N/A	
<u>-</u>		
San a succeedance de la companya de	- and a supposition or concellation of issued charac	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	N/A	
		_ <del>-</del>

•

The date of each amendment(s) add date this document was signed.	option:, if other than t
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this ble document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	
·	(voting group)
01/22/ Dated	2020
(By a dire selected,	eptor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	RAYDEL BALLESTER ECHARTE
-	(Typed or printed name of person signing)
:	SECRETARY OF TREASURY
_	(Title of person signing)