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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: VEEMAX AUTO BODY CORP DOCUMENT NUMBER: 716000 240 75 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VEEMAX AUTOBODY CORT 8203 NW 100 TERR Address TAMARAC, FL 33321 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAXINI LI AND PORTILLO at (954) 854-2530

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: □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed)

## Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

## Articles of Amendment to Articles of Incorporation of

(Name of C	Corporation a	is currently fi	ed with the Florid	la Dept. of State)	
<del></del>	(Document	Number of Co	prporation (if know	n)	
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	06, Florida Su	atutes, this <i>Flo</i>	rida Profit Corpord	ation adopts the fo	llowing amendment(s)
A. If amending name, enter the new nam	e of the corp	ration:			
					The new
name must be distinguishable and contain the 'Inc.,'' or Co.,''' or the designation ''Cor'' chartered,'' ''professional association,'' of	p," "Inc," oi	"Co". Ар	pany," or "incorpo ofessional corport	orated" or the abbration name must	eviation "Corp.," contain the word
B. Enter new principal office address, if a					
rnncipai ojjice aduress <u>MUST DE ASTR</u>	EET ADDKE	<u>.33</u> )			
Enter new mailing address, if applica (Mailing address MAY BE A POST OF					<b>-</b>
(in this said too institute of the said to					•
		-			
). If amending the registered agent and/			in Florida, enter	the name of the	<del>-</del> ·
new registered agent and/or the new r					•
Name of New Registered Agent	IREU	apre.	ev		· .
			ROAD address)		•• • •
_		(Florida street	address)		<del>.</del>
New Registered Office Address:	MAT	3GATE		, Florida	33063
		(Ci	למ		(Zip Code)
New Registered Agent's Signature, if cha hereby accept the appointment as register	ed agent, 1 a.	n familiar with	and accept the obj		sition.
Check if applicable	Ŭ	. 0	- ·		

☐ 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.

X Change	<u>PT</u>	John D	oe	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	<u>P</u>	_	MAXINO PORTILLO	
Add				TAMARAE, FL 33321
<u> </u>	.~			
2) Change	<u>VP</u>	_	VJOLETS PORTILLO	5263 NW 100 TERRACÉ
Add				TAMARAE, FL 33321
Remove 3) Change	_5_	_	MAXIMILLIANO PORT	THAN 8263 NW 100, TERRACE
Add				
<ul><li></li></ul>	P	_	IREK GALEEV	18335 COLLINS AVE-
<u></u> ∕ Add				±100-182
Remove				SUNYISLES BEACH, IZ 33160
5) Change	<u> 7r</u>		IREK GALEEV	18335 (alling AVE#100-182
<u></u> ∕ Add				SUNNY ISLES BEACH, FL33160
Remove				
6) Change		_		
Add				
Remove				

mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)	
	<u> </u>
<del></del>	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
Vy (1)	
	_

The date of each amendm date this document was sign		, if other than the
Effective date if applicabl	le:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this on the Department of State's records.	date will not be listed as the
Adoption of Amendment(	(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder a	ection and shareholder
The amendment(s) was/ by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendmes/were sufficient for approval.	ent(s)
	were approved by the shareholders through voting groups. The following stat vided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval	
by	, , , ,	
	(voting group)	
Dated	12/22/2023	
Signature		
C	(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
	MAXIMILIANO PORTILLO (Typed or printed name of person signing)	<del></del>
	(Title of person signing)	<del>-</del>