

P13000080382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

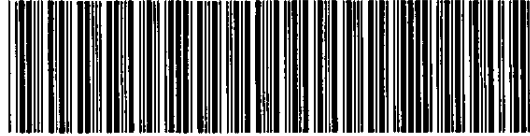
(Document Number)

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07/27/15--01028--026 \*\*30.00

08/18/15--01011--007 \*\*13.75

15 AUG 26 AM 8:58  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

AUG 28 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2015

JOHAN RESTREPO / UNITED FIRST TAX SERVICES  
3012 MICHIGAN AVE.  
ORLANDO, FL 34744 US

SUBJECT: QUERIDO POWER AUTO REPAIR INC  
Ref. Number: P13000080382

We have received your document for QUERIDO POWER AUTO REPAIR INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

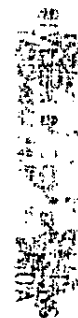
The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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: 015A00017504



15 AUG 27 PM 1:35

RECEIVED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** QUERIDO POWER AUTO REPAIR INC

**DOCUMENT NUMBER:** P13000080382

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

Please return all correspondence concerning this matter to the following:

JOHAN RESTREPO  
Name of Contact Person  
UNITED FIRST TAX SERVICES LLC  
Firm/ Company  
3012 MICHIGAN AVE  
Address  
KISSIMMEE FL 34744  
City/ State and Zip Code

JOHANRESTREPO09@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHAN RESTREPO at ( 321 ) 400-4391  
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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS AND BUSINESSES

QUERIDO POWER AUTO REPAIR INC

15 AUG 26 AM 8:58

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

P13000080382

(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:**

*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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

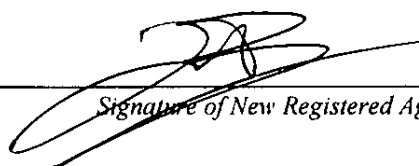
**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent United First Tax Services LLC  
3012 Michigan ave  
*(Florida street address)*

New Registered Office Address: Kissimmee, Florida 34744  
*(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:**

X Change                    PT     John Doe

X Remove                    V       Mike Jones

X Add                         SV     Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>    </u> Change	<u>PT</u>	<u>BENIGNA ROSA, JOSE L</u>	<u>1205 SAWDUST TRAIL</u>
<u>    </u> Add			<u>STE C</u>
<u>X</u> Remove			<u>KISSIMMEE FL 34744</u>
2) <u>    </u> Change	<u>PT</u>	<u>AMABLE R NIN DIAZ</u>	<u>1205 SAWDUST TRAIL</u>
<u>X</u> Add			<u>STE C</u>
<u>    </u> Remove			<u>KISSIMMEE 34744</u>
3) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
4) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
5) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
6) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

08/11/2015

STATE OF CALIFORNIA  
DIVISION OF REVENUE AND TAX SERVICES

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

15 AUG 26 AM 8:58

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

08/11/2015  
Dated \_\_\_\_\_

Signature Amador Demas

(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)

Amable R NIN Diaz  
(Typed or printed name of person signing)

President  
(Title of person signing)