## 616143

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BILLS AU DOCUMENT NUMBER: 616143	TOMOTIVE F	REPAIR INC.		
The enclosed Articles of Amendment and fee are suit	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
ANTHONY MA	URO			
BILLS AUTOM	Name of Contact Person OTIVE REPA			
Firm/ Company 2611 LAKE DRIVE NORTH				
BOYNTON BEACH, FL 33435				
	City/ State and Zip Cod	e		
tony@maurobroth	IEIS.COM	notification)		
2-min marcos. (w by a	ou lot turne minute topos.	. uo.mooton,		
For further information concerning this matter, pleas	se call:			
ANTHONY MAURO	<b>₹</b> 561	436.3988	A	
Name of Contact Person		ode & Daytime Telephone Number	_	
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:		
\$35 Filing Fee Search Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Address dment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

## BILLS AUTOMOTIVE REPAIR INC.

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

§16143	Age of the second	
(Document Number of Corporation	(if known)	
resuant to the provisions of section 607.1006, Florida Statutes, thi Articles of Incorporation:	s Florida Profit Corporation adopts the following an	
If amending name, enter the new name of the corporation:		
BILLS AUTOMOTIVE REPAIR IN	C	
tme must he distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must con	
Enter new principal office address, if applicable:	425 N.E. 4TH STREET	
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	BOYNTON BEACH, FL 33435	
. Enter new malling address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	P.O. BOX 158	
(mining audiess MAI BEALOSI VITICE BOA	BOYNTON BEACH, FL 33425	
new registered agent and/or the new registered office addre	dress in Florida, enter the name of the	
new registered agent and/or the new registered office address  Name of New Registered Agent  Anthony Mauro	<u></u>	
Name of New Registered Agent  Anthony Mauro  2611 Lake C	Drive North	
Name of New Registered Agent Anthony Mauro 2611 Lake D	Prive North  street address)	

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	ANTHONY MAURO	2611 LAKE DRIVE NORTH
Add			Boynton Beach, FL 33435
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  DIRECTOR ANTHONY MAURO'S INDIVIDUAL RESPONSIBILITY ON NEW DEBTS
Commencing on October 30, 2013, all new finalincial obligations and debts incurred
solely by Director Anthony Mauro, shall be the personal responsibility of Anthony Mauro
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)

The date of each amendment(s) adoption:	, if other than the
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.	
P Dated 10/30/2013	
9 Signature Co	
(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)	-
William J. Hegstrom, Jr.	
(Typed or printed name of person signing)	
President	
(Title of person signing)	