F06430

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: <u>Cloverle</u>	EAF AUTO SE	RVICE CENTE	ERITAC.
	F06430			_
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	EDDY-A	Name of Contact Person		
- -	17410 NW MIA	Address	• • • • •	<u> </u>
		PAOL. CON		- 20
For further information	concerning this matter, plea.	se call:		22 July 201
Name of	Contact Person	at (<u>305</u> Area Co	de & Daytime Telephone N	lumber _
Enclosed is a check for	the following amount made			7. 53
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divisi P.O. I	ng Address Idment Section Idment Sec	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8	310

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Cloverleaf AUTO Servic	E CENTER IAC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> 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" "c "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.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	17410 MW Zave
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIGMI GAVLENS FI 33169 SANTE 17410 AW 2" ave MIGMI GAVLENS FI . 33.169
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent EDOTA P	SAREOS o
17410 NM 22 (Florida stre New Registered Office Address: 17410 NW 2 au	MIAMI GARDENS FLA 33+69- Det address) 2 Mami Gardens, Florida 133-169 (City) (Zip Code)
_ , ,	
Check if applicable	

☐ 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	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Po	Guillermo SANTANA	290 17457#819
Add Remove			SUNNY ISLE BEACH FL 33166
2) Change	Po	EDDYA BARRON	17410 NW Zave
Add Remove Change Add	5	ERICA BARRION	MIAMI GARZENS FL 3316 17410 MW Zave #B MIAMI GARZENS FL 3316
Remove 4) Change Add			
Remove 5) Change Add	 		
Remove 6) Change Add			
Remove			

Attach <i>a</i>	g or adding additional Articles, enter change(s) here; itional sheets, if necessary).— (Be specific)	
		·
··		
<u>f an am</u> provisi	dment provides for an exchange, reclassification, or cancellation of is for implementing the amendment if not contained in the amendmen	ssued shares, at itself:
(if	applicable, indicate N/A)	
	- 	

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1 08 2022
The date of each amendment(s) adoption:
Effective date if applicable: JUNE 30 2027 (no more than 90 days after amendment file date)
(no nore man 50 days after amenament file date)
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) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
The fidinger of votes east for the amendment(s) was were sufficient for approval
(voting group)
Signature (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)
Guillermo Santang (Typed or printed name of person signing)
(Title of person signing)