## G39138

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Frankomer Auto REPAIR, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rigoberto Sardin as  Name of Contact Person  Frankomar Auto Repair, Inc.  Firm/Company  15561 SW. 307 Street  Address  Address  City/State and Zip Code
rsarding ( Q ATT NET
E-mail address: (to be used for future annual report notification)
.p mai addoss. (to be used to tadae datam report neuron)
For further information concerning this matter, please call:
Rigoberto Sardinas at 305, 281-9492 305-248-1550 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:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Frankomer Auto REPAIR 1	л Л <
(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>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	, amendment(s) to
A. If amending name, enter the new name of the corporation:	<i>a</i>
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must c 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)  NAME OF THE POST OFFICE BOX	13 HOV 20
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  Rigobalo Savames	OF STATE EFFORIDA PM 12: 17
New Registered Office Address: Homestend, Florida (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 I	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PSTD	Molanda Fagundo	1509 Manfua Alenne
Add Remove			Coral Godbles, FC
2) Change	PST	Rigoberto Sardinas	15561 SW 307 St Homestedd, Fl. 33033
Remove 3) Change			
Add Remove			
4) Change			
Remove			
5) Change			
Remove			
6) Change			
Add Remove			

<b>t amending or ac</b> Attach <i>additional</i>	Iding additional Arti sheets, if necessary).	(Be specific)	e(s) here:		
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an amendment	provides for an exch	ange, reclassifica	tion, or cancella	tion of issued s	hares,
(if not applic	plementing the amerable, indicate N/A)	nument ir not con	itamed in the am	ienument itseu.	•
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	N)A				
		, <u>.</u>			

The date of each amendment(s) adoption:    November 18, 2013   date this document was signed.	_, 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.	
Dated November 18, 2013	
Signature Keephert Sorden	
(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)	
Rigobato Savamas (Typed or printed name of person signing)	_
President	
(Title of person signing)	<del></del>