## L3935H

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amend

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION: WEST BR	OWARD AUTO	REPAIR INC.	
DOCUMENT NU	<sub>JMBER:</sub> L39354		<del>,</del>	
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	DAVID COHN			
		Name of Contact Person	1	
	WEST BROWAF			
	<del></del>	Firm/ Company		
	10201 NW 53 S	TREET		
		Address		
•	SUNRISE, FL	33351		
	,	City/ State and Zip Cod	e	
c	SKBVETBV®VOI C	·OM		
	SKRAFTPA@AOL.C	sed for future annual report	notification)	
	E-man address. (to be as	sed for future annual report	nottheatton)	
For further inform	ation concerning this matter, pleas	se call:		
STEVEN	KRAFT	at (954	, 755-0558	
Na	me of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	e \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	TALLAHASSE
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building	ASSEE, FL

FILED

SECRETARY OF SOLU

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

## BROWARD AUTO REPAIR INC. (Name of Corporation as currently filed with the Florida Dept. of State) L39354 (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 w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A profe			
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	<del>-</del>		
D. If amending the registered agent and/or registered new registered agent and/or the new register		a, enter the name	of the	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	(City)	, Florida	(Zip Code)	<del>1</del>

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 positions

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	S	COHN, DEBRA	10201 NW 53 ST	
Add Remove			SUNRISE, FL 33351	
2) Change	D	COHN, DEBRA	10201 NW 53 ST	
Add Remove			SUNRISE, FL 33351	
3) Change				
Add Remove				
4) Change				
Remove			——————————————————————————————————————	
5) Change			DEC 16 CRE ARY CAHASSE	
Add Remove			To 😮 II	
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than	.he
date this document was signed.		
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 DECEMBER 12, 2013		
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)	_	
DAVID COHN DAVID COLN		
(Typed or printed name of person signing)	_	
PRES PRESIDENT -	_	
(Title of person signing)		
	13 DEC 16 PH 4: 01 SECRETARY OF STATE AHASSEE, FLORIDA	
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