(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: PRECISION AUT	O BODY INC		
DOCUMENT NUM	1.59895			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	TRACY VEGA			
Name of Contact Person				_
PRECISION AUTO BODY INC				
Firm/ Company				_
734 CR 621 EAST				
Address				_
	LAKEPLACID FL 38853			66
City/ State and Zip Code			- 됐는	
		•		58
	ETVEGA@GMAIL.COM			-) -
	E-mail address: (to be us	sed for future annual report	notification)	·
For further informat	ion concerning this matter, pleas	se call:		ing.
TRACY VEGA		at (<u></u>) 465-1713	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Numl	per
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Am	endment
to Articles of Inco	noration
Precision Auto	Body Inc
L59695	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A properties of the above of t	npany," or "incorporated" or the abbreviation Com?"
D. F. a	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	FI 2
C. For any on the salder of the Forble	in C
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	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	address)
New Revistored Office Address:	Florida
New Registered Office Address: (C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accent the obligations of the position

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	ISAIAH JUAN VEGA	421 HALLMARK AVE TO SECULATION OF LAKE PLACID FL 33852
X Add			•
Remove			<u></u>
2) Change	S	NITZELLIE VEGA	421 HALLMARK AVE
X Add			LAKE PLACID FL AVE
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

famending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
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		ASOE SECTION
		LLA.
		<u> </u>
		· 影
		11 to 15
		FI.
		F+!
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		
 		

the way of the second second

	5/14/2025	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	20/25	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and sh	nareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	2025 JUN TO
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	N N N N N N N N N N N N N N N N N N N
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	AM 6: 20
by 2		
	(voting group)	į C
5/14/25 Dated		
Signature	Lacy Viego	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	TRACY VEGA	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	