## N97000004306

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: REPAIR SHOP ProGRAMS inc
DOCUMENT NUMBER: <u>N/9700004306</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARL BryAn ( (Name of Contact Person)
Refair Shop ProGrams she (Firm/Company)
380 W28 ST Rivery Beh
Fla 33404 (City/ State/ and Zip Code)
For further information concerning this matter, please call:
CAKL Bryan T at (561) 502-3173  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
**Er\$35 Filing Fee
Mailing Address Street Address

Amendment Section
Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 26, 2005

CARL BRYANT 380 W 28 ST RIVIERA BEACH, FL 33404

SUBJECT: REPAIR SHOP PROGRAMS, INC.

Ref. Number: N97000004306

We have received your document for REPAIR SHOP PROGRAMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

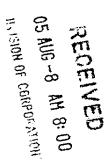
The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist

Letter Number: 005A00048583



## Articles of Amendment

Articles of Incorporation

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPO	RATE NAI	ME (if cl	nanging	<u>:):</u>		~					
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AMENDMEN Number(s) and											
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The date of adoption of the amendment(s) was: 7/18/05
Effective date if applicable: 7/8/05  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
<ul> <li>The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.</li> <li>There are no members or members entitled to vote on the amendment. The</li> </ul>
amendment(s) was (were) adopted by the board of directors.
Signed this $1\%$ day of $5u/y$ , $05$ .
Signature
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
CAKL BriAn (Typed or printed name of person signing)
President (Title of person signing)
(Title of person signing)

FILING FEE: \$35