P01000013510

(Re	questor's Name)	_ 	
(Ad	dress)		
——————————————————————————————————————	dress)		
(Cit	ry/State/Zip/Phone	e #)	
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(Bu	siness Entity Nar	ne)	
(Document Number)			
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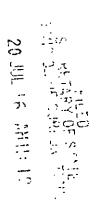
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: PIO AUTO REPA	IR, INC.			
DOCUMENT NUMB	ER: P01000013510				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	PATRICIA I. NUNEZ REYI	÷S			
•	Name of Contact Person				
	MIAMI INCOME TAX CORP.				
•	Firm/ Company				
	10855 SW 112TH AVE APT 317				
•	Address				
	MIAMI, FL 33176				
	City/ State and Zip Code				
	pnunez@miamiincometax.co	ım			
	=	sed for future annual report	notification)		
		to the factor of	,		
For further information	concerning this matter, pleas	se call:			
PIO P. POMA		305	de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	S43.75 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)		
Ame Divi	ling Address indment Section sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PIO AUTO REPAIR INC.

TIO AUTO KISTAIK, INC.		
(Name o	of Corporation as currently filed with the Florida Dept. of State)	
P01000013510		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co," or the designation "C "chartered." "professional association,"	the word "corporation," "company," or "incorporated" or the abbreviatio lorp," "Inc," or "Co", A professional corporation name must contain for the abbreviation "P.A."	_ n "Corp.,"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		
(Stating didress <u>peat of, A 1 031)</u>	OTTICE BOX	
	·	
	d/or registered office address in Florida, enter the name of the	-3
new registered agent and/or the new	- 	
Name of New Registered Agent	PIO P. POMA	
	221 NW 8TH AVENUE APT 304	- 5 、特
	(Florida street address)	
New Registered Office Address:	HALLANDALE BEACH . Florida 33009	三三二点
ten Registered Office states.	(City) (Zip C	ode) —
		1 - 2
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent I am familiar with and accept the obligations of the position.	•
	Agnoture of New Registered Agent, if changing	

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)

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 Remove V X Add SV Type of Action (Check One) Ti 1) Change VI	<u>tle</u>		Address 221 NW 8TH AVENUE APT 304 HALLANDALE , FL 33009
Type of Action (Check One)	<u>tle</u>	<u>Name</u>	221 NW 8TH AVENUE APT 304
(Check One)			221 NW 8TH AVENUE APT 304
I) Change VI)	ISABEL BARRIENTOS MADRID	
			HALLANDALE, FL 33009
X Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
4	
· <u>-</u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
ty an apparation, marine forty	

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. .

	07/12/2020		
The date of each amendment(s) date this document was signed.	adoption:		, if other than the
07 Effective date <u>if applicable</u> :	/12/2020		
	tno more than 90 day	vs after amendment file date)	
Note: If the date inserted in this document's effective date on the		statutory filing requirements, this date will no	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	d of directors without shareholder action and sh	nareholder
☐ The amendment(s) was/were a by the shareholders was/were		mber of votes east for the amendment(s)	
	pproved by the shareholders through or each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were su	fficient for approval	
by	(voting group)	<u> </u>	
	(
JULY 12 Dated	.2020	_	
Signature	of olay		
(By a selec	by an incorporator - if in the har	if directors or officers have not been ands of a receiver, trustee, or other court	
aprio	fited fiduciary by that fiduciary)		
	PIO P. POMA		
	(Typed or printed name	e of person signing)	
	PRESIDENT, DIRECTOR		

(Title of person signing)