

PO200050549

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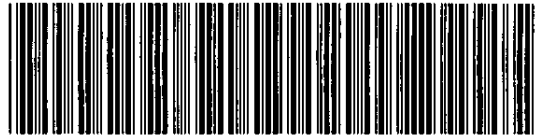
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CESAR'S AUTO REPAIR OF W PALM BEACH, INC.

DOCUMENT NUMBER: P02000050549

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERTO MIQUEL

(Name of Contact Person)

MIQUEL ACCOUNTING SERVICE, INC.

(Firm/ Company)

5100 SOUTH DIXIE HWY STE. 10

(Address)

WEST PALM BEACH, FL. 33405

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ALBERTO MIQUEL

(Name of Contact Person)

at (561) 588-8878

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

CESAR'S AUTO REPAIR OF W PALM BEACH, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P02000050549

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

ARTICLE 6: ADD NERY E. BRAZEIRO 188 DOVE CIRCEL, ROYAL PALM BEACH, FL. 33411

ARTICLE 6: REMOVE CESAR AQUINO 3750 10TH AVE. N, LAKE WORTH, FL. 33461

ARTICLE 7: ADD NERY E. BRAZEIRO 188 DOVE CIRCEL, ROYAL PALM BEACH, FL. 33411

ARTICEL 7: REMOVE CESAR AQUINO 3750 10TH AVE. N, LAKE WORTH, FL. 33461

See Attached - TRA

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: NOVEMBER 3, 2008

Effective date if applicable: NOVEMBER 3, 2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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.

Signed this 3RD day of NOVEMBER, 2008.

Signature Cesar I. Aquino
(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)

CESAR AQUINO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CESAR'S AUTO REPAIR OF W PALM BEACH, INC.

2. The principal office address: 3750 10TH AVE. N
LAKE WORTH, FL. 33461

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/03/2002 Document number: P02000050549

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CESAR AQUINO

3750 10TH AVE. N

LAKE WORTH, FL. 33461

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NERY E. BRAZEIRO

188 DOVE CIRCLE

(P.O. Box NOT acceptable)

ROYAL PALM BEACH, FL. 33411

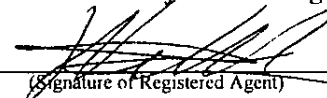
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

CESAR AQUINO
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

11/03/2008
(Date)

If signing on behalf of an entity:

NERY E. BRAZEIRO
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314