

002000070404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

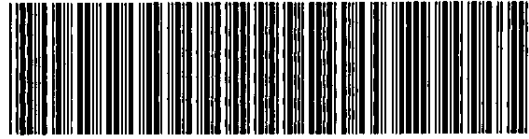
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



900212288059

10/17/11--01015--007 **43.75

Amend

FILED
11 NOV -2 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2011

DOLORES LOPROTO
AVENTURA COLLISION CENTER, INC.
18900 WEST DIXIE HWY
MIAMI, FL 33180

SUBJECT: AVENTURA COLLISION CENTER, INC.
Ref. Number: P02000070404

We have received your document for AVENTURA COLLISION CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 311A00024485



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2011

AVENTURA COLLISION CENTER, INC.
18900 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180

SUBJECT: AVENTURA COLLISION CENTER, INC.
Ref. Number: P02000070404

We have received your document for AVENTURA COLLISION CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment form is the proper form to complete to make these changes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 211A00023913

RECEIVED

11 OCT 26 AM 8:52

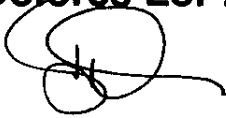
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

October 31, 2011

To Ms. Tina Roberts,

As per our conversation today, this is the original signature of the registered agent David Silbergleit. He is our accountant.

**Thank you,
Dolores LoProto**



11 NOV -2 AM 11:27

REGISTRAR OF PUBLIC
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Aventura Collision Center, Inc

DOCUMENT NUMBER: P02000070404

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

Please return all correspondence concerning this matter to the following:

Dolores LoProto

Name of Contact Person

Aventura Collision Cente, Inc

Firm/ Company

18900 West Dixie Highway

Address

Miami, FL 33180

City/ State and Zip Code

davidscpa@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Silbergleit

Name of Contact Person

at (305)

807-9207
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Aventura Collision Center, Inc .

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

P02000070404

(Document Number of Corporation (if known))

FILED
11 NOV -2 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: David Silbergleit

New Registered Office Address: 3330 NE 190 Street #1711
(Florida street address)

Aventura Florida 33180
(City) (Zip Code)

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 position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Randy Cohen</u>	<u>18900 West Dixie Highway</u> <u>Miami, FL 33180</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Dolores LoProto</u>	<u>18900 West Dixie Highway</u> <u>Miami, FL 33180</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)


The date of each amendment(s) adoption: September 26, 2011

Effective date if applicable: September 26, 2011
(date of adoption is required)
(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 September 26, 2011

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)

Dolores LoProto
(Typed or printed name of person signing)

President
(Title of person signing)