## P02000084197

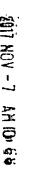
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						





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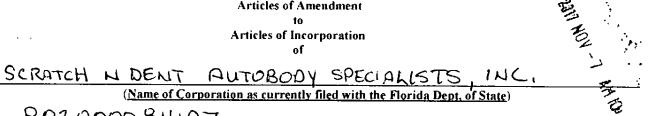
NOV 1 3 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SCRATCH N	J DENT AUTO BU	DDY SPECIAUST INC				
DOCUMENT NUMI	BER: <u>P02000</u>	084197	<u> </u>				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.					
Please return all corres	spondence concerning this ma	atter to the following:					
	BRYAN FITZPATRICK						
	Name of Contact Person						
	SCRATCH M DENT ANTO BODY SPECIALIST, INC.						
	9491 ULMER	CTON RD					
		Address					
	LARGO FL 33771 City/ State and Zip Code						
		City/ State and Zip Cod	le				
	SCRATCH ND F E-mail address: (to be us	ENT FURIDA sed for future annual report	@ GMAIL . COM notification)				
For further information	concerning this matter, pleas	se call:					
		at (	)				
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	□\$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)				
Ame Divis P.O.	ing Address Indment Section It is of Corporations Box 6327 It hassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle					
		Tallabaccae El 22201					

## Articles of Amendment Articles of Incorporation



P02000084197

(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

A. <u>If ameno</u>	ling name, e	nter t	<u>he new nam</u>	e of the corp	oration:		_	
. કુલ	RATCH	7	DENT	Auto	BODY	SPECIALIST	, INC	· The ne
iame must : "Corp.," "Ii	be distingui; nc.," or Co.,	shable '' or i	and contain he designati	the word on "Corp."	"corporation,	" "company," or "inco o". A professional corp	rporated" of	r the abbreviation
			address, if a T BE A STR		ESS )			<del></del>
. e .								
Enter ne (Mailing	ew mailing a address <u>MA</u>	Y BE	s, if applical A POST OF	ole: FICE BOX)				<del></del>
). <u>If amend</u>	ing the regi	stered	agent and/o	<u>r registered</u>	office addres	s in Florida, enter the r	name of the	
					ice address:			
			_		(Florida street	address)	<del></del>	<del></del>
<u>New</u>	Registered (	Office	Address:			ny)	, Florida	
					(C	ity)		(Zip Code)
ew Registe hereby acce	red Agent's pt the appoin	Signa atmeni	ture, if chan as registered	ging Registe Lagent. Lai	ered Agent: m familiar wit	h and accept the obligati	ons of the po:	sition.
				Signatur	re of New Roa	istered Agent, if changin		

## 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 <math>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	PT	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		<u>.                                    </u>		-
Add				
Remove				<del></del>
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change	-	_		
Add				
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) ad	option: 10 ~ 2	24.	2017	, if other than t
date this document was signed.	10 - 1	24-	2017	
Effective date <u>if applicable</u> :	(no more t	han 90	days after amendme	ent file date)
Note: If the date inserted in this bl document's effective date on the Dep			ble statutory filing	requirements, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	)		
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders ficient for approval.	s. The n	number of votes cast	for the amendment(s)
☐ The amendment(s) was/were appropriately provided for a				
"The number of votes cast f	or the amendment(s) wa	as/were	sufficient for appro-	val
by	(voting group)			, n
	(voting group)			
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of dire	ectors w	rithout shareholder a	action and shareholder
☐ The amendment(s) was/were adoption was not required.	eted by the incorporator	s withou	ut shareholder action	n and shareholder
Dated 10 -	24-2017			
Signature S	getzanyu	ati	S	
(By a di	ector, president or othe	r officer	r – if directors or of	
	, by an incorporator – if ed fiduciary by that fidu		iands of a receiver,	trustee, or other court
	BRYAN L.	FIT	XPATRIC	K
-			me of person signin	
	PRESIDENT	T		
-	· · · · · · · · · · · · · · · · · · ·	Title of	person signing)	

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