

11/09/11

09:55PM

HP LASERJET FAX

1-805-392-4254

p. 01

**PO 2000102406**

**11/09/11 09:55PM**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000266239 3)))



H110002662393ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : FONSECA & ASSOCIATES, INC  
Account Number : I20100000066  
Phone : (786) 514-3837  
Fax Number : (305) 223-1156

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FILED**  
11 NOV -9 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
EURO-USA COLLISION CENTER, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

**RECEIVED**

11 NOV -9 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amns*

Electronic Filing Menu

Corporate Filing Menu

Help

**H11000266239 3**

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: EURO-USA COLLISION CENTER, CORP.

DOCUMENT NUMBER: PO2000102406

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

Please return all correspondence concerning this matter to the following:

LUIS FONSECA

*Name of Contact Person*

FONSECA & ASSOCIATES, INC.

*Firm/ Company*

456 NW 114 CT

*Address*

MIAMI, FL 33172

*City/ State and Zip Code*

luifons0713@yahoo.com

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

For further information concerning this matter, please call:

LUIS FONSECA

*Name of Contact Person*

at ( 786 )

514-3873

*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

H110002662393

Articles of Amendment  
to  
Articles of Incorporation  
of

EURO-USA COLLISION CENTER, CORP.

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

P02000102406

(Document Number of Corporation (if known))

FILED  
11 NOV -9 AM 10:17

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:

HADI EL HALABI

New Registered Office Address:

8240 NW 74TH ST

(Florida street address)

MEDLEY

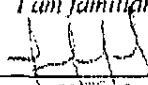
(City)

Florida 33166

(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

17110002462393

**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>D</u>	<u>MAURICIO PEREZ</u>	<u>129 NW 60 CT</u> <u>MIAMI, FL 33126</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>PEREZ LUCIA</u>	<u>129 NW 60 CT</u> <u>MIAMI, FL 33126</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>HADI EL HALABI</u>	<u>8240 NW 74TH STREET</u> <u>MEDLEY, FL 33166-2322</u>	<input checked="" 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)*

---

---

---

---

---

---

---

---

H110002662393

The date of each amendment(s) adoption: 09/06/2011

(date of adoption is required)

Effective date if applicable: 09/06/2011

(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 09/06/2011

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)

HADI EL HALABI

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)