

P03000005847

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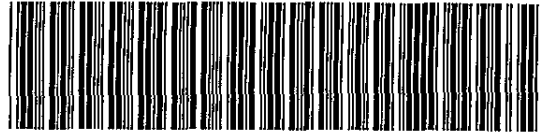
(Business Entity Name)

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TALLAHASSEE, FLORIDA

*Y Arnel*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ESTRELLA BODY SHOP, INC.

**DOCUMENT NUMBER:** P03000005847

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

Please return all correspondence concerning this matter to the following:

STAR RAMOS

(Name of Contact Person)

ESTRELLA BODY SHOP, INC.

(Firm/Company)

160 S. W. 9 AVENUE

(Address)

HOMESTEAD, FL 33030-6991

(City/State/ and Zip code)

For further information concerning this matter, please call:

STAR RAMOS

(Name of Contact Person)

at (305) 243-8377

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$35 Filing Fee

☐

\$43.75 Filing Fee &  
Certificate of Status

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\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

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\$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

**ESTRELLA BODY SHOP. INC.**

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

**P03000005847**

(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 V INITIAL OFFICERS/DIRECTORS** **(AMENDED)**

This corporation may have one or more directors, initially the number of directors; may be either increased or diminished from time by the laws, but shall be less than one.

The names and addresses of the directors are:

Star Ramos

160 S. W. 9<sup>th</sup> Avenue

Homestead, FL 33030-6991

**ARTICLE VI REGISTERED AGENT** **(AMENDED)**

The name and address of registered agent is:

Star Ramos

160 S. W. 9<sup>th</sup> Avenue

Homestead, FL 33030-6991

(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)

**N/A**

(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: JUNE 11, 2005

Effective date if applicable: JULY 1, 2005  
(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 approved by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were approved by the incorporators without shareholder action and shareholder action was not required.

Signed this 11 day of JUNE, 2005.

Signature

Georgina Ramos  
(By a director, president or other officer -- if director or officers have not been selected, by an incorporator -- if in the hands of receiver, trustee, or other court appointed fiduciary by that fiduciary)

**GEORGINA RAMOS**

\_\_\_\_\_  
(Typed or printed name of person signing)

**DIRECTOR**

\_\_\_\_\_  
(Title of person signing)

**FILING FEE: \$35**