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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THE MOPAR ST	ATION, INC.	
DOCUMENT NUME	BER: P03000061124	<u> </u>	
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	ALEJANDRO VILARELLO	o, esq.	
•		Name of Contact Person	n
	ALEJANDRO VILARELLO), PA	
		Firm/ Company	
	16400 NW 57TH AVENUE		
•		Address	
_	MIAMI LAKES, FLORIDA	33014	
		City/ State and Zip Cod	e
AVL	W@VILARELLO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ALEJANDRO VILAR	RELLO, ESQ.	at (827-5665
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
	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)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

16 JUH 29 PH 2: 33

SECRETARY BY LITTER TALL ANASNET F. DISPEN

THE MOPAR STATION, INC.	TALL ARAS SET FLORING
(<u>Name of Corporati</u> P03000061124	ion as currently filed with the Florida Dept, of State)
	ment Number of Corporation (if known)
	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered." "professional association," or the	The new "d "corporation," "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A,"
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida(Cirv) (Zip Code)
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.
Sion	ature 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)

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 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.

X Change	PT Jo	hn Doe	
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>sv</u> <u>sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	IGNACIO ALONSO	12951 SW 124TH STREET
Add			MIAMI, FLORIDA 33186
X Remove			
2) X Change	ST	IGNACIO ALONSO	12951 SW 124TH STREET
Add			MIAMI, FLORIDA 33186
Remove			
3) Change	P	ARMANDO ALONSO	12951 SW 124TH STREET
X Add			MIAMI, FLORIDA 33186
Remove			
4) Change			
Add			
Rcmove			****
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or add</u> Attach <i>additional sh</i>	eets, if necessary).	. (Be specific)	HECTSI HETE.			
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lf an amendment p	rovides for an exc	change, reclassi	fication, or cance	ellation of issued	shares,	
provisions for imp	lementing the amble, indicate N/A)	sendment if not	contained in the	amendment itse	<u> 16:</u>	
(ij noi appicat A	ne, maicule (v.A)					
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date this document was signed.	, if other than th
Effective date if applicable:	JUNE 22, 2016
chective date it applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
	2, 2016
DatedSignature	
(By	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	ARMANDO ALONSO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)