POLICOOPIGA

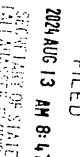
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer.	

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COVER LETTER

TO: Amendment Section Division of Corporations

, ,

NAME OF CORPO	RATION: ANDES AUTO SA	ALES, INC.	
DOCUMENT NUMI	004000017202		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Craig Smith		
		Name of Contact Persor	<u> </u>
	Andes Auto Repair, Inc.		
		Firm/ Company	
	5420 15th St E Unit A		
		Address	
	Bradenton, FL 34203		
		City/ State and Zip Code	2
	craigscars2003@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (⁹⁴¹	751-9600
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fec & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

ANDES AUTO SALES, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P04000017292	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ANDES AUTO REPAIR, INC.	The new
name must be distinguishable and contain the word "corporation," "cor" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proceeding the containing of the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
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)	20
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address: (C	ity) . Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example: X Change	<u>PT</u>	John Doc		
X Remove	\underline{v}	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change			 	
Add				
Remove				· · ·
2) Change		-	 	
Add				
Remove Change			 	<u> </u>
Add				
Remove				
4) Change			 	
Add				
Remove				
5) Change			 	
Add				
Remove				
6) Change			 	
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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If an amandment provider for an evol	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through values the separately provided for each voting group entitled to vote so	eparately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by <u>Craig</u> Smith (voting group)	
O (voting group)	
Dated 07-26-2024	
Signature	
(By a director, president or other officer = 1 selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	
Craig Smith (Typed or printed name)	
(1 yped or printed name	or person signing)
<u>Owner</u>	
(Title of person signing)	

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ANDES AUTO SA	ALES, INC.	
	BER: P04000017292		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Craig Smith		
		Name of Contact Perso	n
	Andes Auto Repair, Inc.		
	<u> </u>	Firm/ Company	
	5420 15th St E Unit A		
		Address	
	Bradenton, FL 34203		
		City/ State and Zip Cod	le
	craigscars2003@gmail.com		
	E-mail address: (to be us	sed for future annual repor	t notification)
For further informati	on concerning this matter, plea	se call;	
Dari Smith		at (751-9600
Name	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment 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)
An Div P.C	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amen Division The C 2415	Address dment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303