## P0400056354

| (Re                     | questor's Name)   |                 |  |  |
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|                         |                   |                 |  |  |
| (Cit                    | y/State/Zip/Phone | <del>?</del> #) |  |  |
| PICK-UP                 | WAIT              | MAIL            |  |  |
| (Bu                     | siness Entity Nan | ne)             |  |  |
|                         |                   |                 |  |  |
| (Do                     | cument Number)    |                 |  |  |
| Certified Copies        | _ Certificates    | of Status       |  |  |
| Special Instructions to | Filing Officer:   |                 |  |  |
|                         |                   |                 |  |  |
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And

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R. Who L.

16 SEP -6 PH 5: 4

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:Soto's Auto & Truck Repairs Service Inc. |   |  |  |  |
|--|---|--|--|--|
| DOCUMENT NUMBER:P04000056354                                 |   |  |  |  |
| The enclosed Articles of Amendment a                         | nd fee are submitted for filing.                          |  |  |  |
| Please return all correspondence conce                       | ning this matter to the following:                        |  |  |  |
|  | Luis A. Perez   |  |  |  |
|  | Name of Contact Person                                    |  |  |  |
|  | Perez Tax Services LLC                                    |  |  |  |
|  | Firm/ Company   |  |  |  |
|  | 8101 N. Albany Avenue                                     |  |  |  |
|  | Address   |  |  |  |
|  | Tampa,FL. 33604-3826                                      |  |  |  |
| - <del></del>  | City/ State and Zip Code                                  |  |  |  |
|  | ari123@verizon.net  |  |  |  |
| E-mail addi  | ess: (to be used for future annual report notification)   |  |  |  |
| For further information concerning this                      | matter, please call:                                      |  |  |  |
| Luis A. Perez  | at (813 ) 842-5991  Area Code & Daytime Telephone Number  |  |  |  |
| Name of Contact Person                                       | at ( Area Code & Daytime Telephone Number                 |  |  |  |
| Enclosed is a check for the following a                      | nount made payable to the Florida Department of State:    |  |  |  |
| □ \$35 Filing Fee ■\$43.75 Fi Certificat                     |   |  |  |  |
| Mailing Address  Amendment Section  Division of Corporat     | Street Address Amendment Section Division of Corporations |  |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

16 SEP -6 PM 5: 45

of

Soto's Auto & Truck Repairs Service Inc.

SECRETARY LESTATE TALLAHASSIE FEITURA

| (Name of Corporation as   | s currently filed with the Florida Dept. of State)  |
|---|---|
| P04000  | 0056354   |
| (Document)  | Number of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statts Articles of Incorporation:   | tutes, this Florida Profit Corporation adopts the following amendment(s)  |
| A. If amending name, enter the new name of the corpor   | ration:   |
| name must be distinguishable and contain the word "c<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "I<br>word "chartered," "professional association," or the abbra | The new corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A." |
| B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES  | <u>SS</u> )   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |   |
| D. <u>If amending the registered agent and/or registered o</u>  | office address in Florida, enter the name of the  |
| new registered agent and/or the new registered offic  |   |
| Name of New Registered Agent  |   |
|   | (Florida street address)  |
|   |   |
| New Registered Office Address:  | , Florida<br>(City) (Zip Code)  |
| New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am  |   |
| Signature   | e 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                   | <u>PT</u> | John Doe      |                                       |
|----------------------------|-----------|---------------|---------------------------------------|
| X Remove                   | <u>v</u>  | Mike Jones    |                                       |
| X Add                      | <u>sv</u> | Sally Smith   | ,                                     |
| Type of Action (Check One) | Title     | <u>Name</u>   | <u>Addres</u> s                       |
| 1) Change                  | P/D       | Angel F. Soto | 8413 Valmora Street                   |
| Add                        |           |               | Spring Hill,FL. 34608                 |
| X Remove                   |           |               |                                       |
| 2) X Change                | P/T       | John Soto     | 5237 Wendal Street                    |
| Add                        |           |               | Spring Hill,FL. 34609                 |
| Remove                     |           |               |                                       |
| 3 ) Change                 |           |               |                                       |
| Add                        |           |               |                                       |
| Remove                     |           |               |                                       |
| 4) Change                  |           | _             |                                       |
| Add                        |           |               |                                       |
| Remove                     |           |               |                                       |
| 5) Change                  |           |               |                                       |
| Add                        |           | _             | · · · · · · · · · · · · · · · · · · · |
|                            |           |               |                                       |
| Remove                     |           |               |                                       |
| 6) Change                  |           |               |                                       |
| Add                        |           |               |                                       |
| Remove                     |           |               |                                       |

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific)  |
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| f an amendment provides for an exch      | ange, reclassification, or cancellation of issued shares,  |
| provisions for implementing the ame      | ndment if not contained in the amendment itself:   |
| (if not applicable, indicate N/A)        |  |
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| <del></del>                              | O TOTAL PROPERTY.  |
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| • •   | August 31,2016   |                             |
|---|--|-----------------------------|
| The date of each amendment(s) as date this document was signed.                 | loption:   | , if other than the         |
| Effective date if applicable:   | September 01,2016  |                             |
|   | (no more than 90 days after amendment file date)   |                             |
| <b>Note:</b> If the date inserted in this bedocument's effective date on the De | lock does not meet the applicable statutory filing requirements, this date partment of State's records.  | e will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                             |
| The amendment(s) was/were add by the shareholders was/were su                   | opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  | I                           |
|   | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):   | 11                          |
| "The number of votes east   | for the amendment(s) was/were sufficient for approval  |                             |
| by  | (voting group)   |                             |
|   | (voting group)   |                             |
| ☐ The amendment(s) was/were add action was not required.                        | opted by the board of directors without shareholder action and shareholder   |                             |
| ☐ The amendment(s) was/were add action was not required.                        | opted by the incorporators without shareholder action and shareholder  |                             |
| DatedSignature  | gust 24,2016   |                             |
| selecte   | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |                             |
|   | John Soto  |                             |
|   | (Typed or printed name of person signing)  | <del></del>                 |
|   | Vice President   |                             |
|   | (Title of person signing)  | <del></del> _               |

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