## P05000087548

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

Avila Auto Collission, Inc. NAME OF CORPORATION: P 05000087548 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jorge Caballero Name of Contact Person Firm/ Company 5140 E 10 CT Address Hialeah, FI 33013 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jorge Caballero Name of Contact Person 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

The Property of the Party of th

12 JUN 28 AM 11: 07

## Avila Auto Collission, Inc

(Name of Corporation as currently filed with the Florida Dept. of State AHASTEE FLORIDA P05000087548

(Documer	nt Number of Corporation (if I	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fa	lorida Profit Corporation ad	lopts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, (Principal office address MUST BE A ST			
			<del></del>
C. Enter new mailing address, if appli			
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)		<u> </u>
			<u> </u>
			·
D. If amending the registered agent an	d/an nagistanad áffica addras	es in Florida, antou the new	o of the
new registered agent and/or the new		is in Florida, enter the ham	e of the
Name of New Registered Agent	Jorge Caballero		•
The of the state o	5140 E 10 Ct		
	(Florida street	t address)	
New Registered Office Address:	Hialeah		33013
New Registered Office Address.	(City)	, riorida_	(Zip Code)
		,	
·			
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		th and accent the obligations	s of the position
,		seespt me congunons	eye poomoin
Sig	nature of New Registered Ag	ent, 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.

Example: 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>	Address
Change  X Add  Remove	v	ALEXANDER JUAN	5140 E 10 CT , HIALEAH FL 33013
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			<u> </u>

If amending or adding additional (attach additional sheets, if necess	ary). (Be speci	fic)		
		,		
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·				
		,		
If an amendment provides for an provisions for implementing the (if not applicable, indicate N	amendment if n	ssification, or ca	ncellation of issi he amendment i	ued shares, tself:
/A				
			<del>-</del>	

The date of each amendment(s)	) adoption:
Effective date if applicable:	06/21/2012
	(no more than 90 days after amendment file date)
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) sufficient for approval.
	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 ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	adopted by the meorpolators without shareholder aerion and shareholder
Dated 06/2	1/2012
Signature	<b>A</b>
	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)
	Jorge Caballero
	(Typed or printed name of person signing)
	President
•	(Title of person signing)