# P06000008368

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#### **COVER LETTER** -

**TO:** Amendment Section Division of Corporations

NAME OF COM O	RATION:	U S A AUTO DIAGNOSTIC CORP.			
DOCUMENT NUM	BER:	P06000008368			
The enclosed Articles	s of Amendment and fee	are submitted for filing.			
Please return all corre	espondence concerning th	is matter to the following:	•		
	ANDRES W LOPEZ				
	Γ	Name of Contact Person			
	ТН	E TAX GROUP INC.			
		Firm/ Company			
_	8743 SW	9TH TERRACE SUITE 3			
		Address			
_		MIAMI FL 33174			
	(	City/ State and Zip Code			
	E-mail address: (to be use	up@bellsouth.net ed for future annual report notification)			
For further information	on concerning this matter.	. please call:			
	RES W LOPEZ	at (	3-4648		
	Contact Person	Area Code & Daytime Tele	•		
Enclosed is a check for	or the following amount t	nade payable to the Florida Departi	ment of State:		
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$\ \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ \$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 Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

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

## TASEORE PAIR PAIR 12 U S A AUTO DIAGNOSTIC CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P06000008368

(Document Nu	mber of Corporation (if know	vn)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the follo
A. If amending name, enter the new name of	of the corporation:	•
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	e designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if ap	plicable:	
(Principal office address MUST BE A STRE	ET ADDRESS )	
	<del> </del>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the
Name of New Registered Agent:		·
		<del></del>
New Registered Office Address:	(Florida street a	ddress)
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		nd accept the obligations of the position.
	Signature of New Registered	Agent, if changing

Page 1 of 3

### 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P-SEC	ALBERTO BELLO	1935 NW 167TH TERRACE PEMBROKE PINES FLA. 33028	☐ Add ☐ Remove
P-SEC	LEONARDO SANCHEZ	1935 NW 167TH TERRACE PEMBROKE PINES FLA. 33028	☑ Add □ Remove
	· · · · · · · · · · · · · · · · · · ·		☐ Add ☐ Remove
	g or adding additional Articles, enter c		
(attach addi	itional sheets, if necessary). (Be specifi	c)	
<del>.</del>			·
provisions	ndment provides for an exchange, reclassion implementing the amendment if napplicable, indicate N/A)		

The date of each amendment	(s) adoption:	SEPTEMBER	1, 2009		
	-	(date of ad	option is required	り	
Effective date <u>if applicable</u> : 🗀	SEPTEMBER				
	(no more than 9	00 days after a	mendment file da	te)	
Adoption of Amendment(s)	( <u>CH</u>	ECK ONE)			
The amendment(s) was/wer by the shareholders was/we			The number of v	votes cast for the am	nendment(s
The amendment(s) was/wei must be separately provided					
"The number of votes	east for the amen	dment(s) was	were sufficient fo	or approval	
by			·		
<u> </u>	(voting group)				
The amendment(s) was/wer action was not required.	e adopted by the	incorporators	without sharehol	der action and share	eholder
DatedSignature(By	a director, presid	lent or other o	fficer – if director	rs or officers have n	not been
	cted, by an incorpointed fiduciary b			ceiver, trustee, or ot	her court
	LEO	NARDO SANO	HEZ		
	(Ту	ped or printed	name of person s	signing)	
	PRESIDI	ENT			
•	***************************************	f nercon ciani	na)		