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Amend Theurs 2-25-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WESTON AUTO REPAIR, INC
DOCUMENT NUMBER: P06000131542
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CORDOVA, J. ALEX (Name of Contact Person)
WESTON AUTOREPAIR, INC (Firm/Company)
15740 SR 84 (Address)
WESTON, FLORIDA 33326 (City/ State and Zip Code)
For further information concerning this matter, please call:
CORDOVA, J. ALEX at (954) 384-8473 (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:
S35 Filing Fee Scrifficate of Status S43.75 Filing Fee Scriffied Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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WESTON	AUTO K	EPAIR I	OC SECRETARY OF ST.
Name of Corporation as curr	ently filed with	the Florida Dept.	of State) TELAHASSEE. FLO
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(Document Nur	mber of Corporat	ion (if known)	,
suant to the provisions of section 607.100 owing amendment(s) to its Articles of Incompany		tes, this Florida	Profit Corporation adopts the
If amending name, enter the new name o	f the corporatio	<u>n:</u>	
e new name must be distinguishable of corporated" or the abbreviation "Corp.," o". A professional corporation nam ociation," or the abbreviation "P.A."	"Inc.," or Co.	," or the designa	ation "Corp," "Inc," or
Enter new principal office address, if appincipal office address <u>MUST BE A STREE</u>	plicable: ETADDRESS)		
Enter new mailing address, if applicable	n.•		
(Mailing address MAY BE A POST OFF)		 	
If amending the registered agent and/or new registered agent and/or the new registered			da, enter the name of the
Name of New Registered Agent:	•		
New Registered Office Address:	(Flor	ida street address)
	 	(C)	, Florida
		(City)	(Zip Code)
w Registered Agent's Signature, if changi tereby accept the appointment as registere sition.			d accept the obligations of the
_	C/	Registered Agen	+ iCabanaina

Title .	Name	Address	Type of Act
VP	SANCHEZ, MARIA	150 FAST RIVERO PA	DRIVE Add
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RETARY	SANCHEZ, MARIA E.	SUNEUT PLORIDA	Add Remove
		55 390	
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	ng or adding additional Articles, enter ditional sheets, if necessary). (Be specij		
(attach ada	ditional sheets, if necessary). (Be speci)	îc)	
F. If an am		assification, or cancellation of i	
F. If an am	endment provides for an exchange, recons for implementing the amendment if	lassification, or cancellation of i	t itself:

The date of each amendment(s) adoption: FEBRUARY 13, 2009
Effective date if applicable: (no more than 90 days after amendment file date)
. (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 2/13/09
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
CORDOVA, J. ALEX (Typed or printed name of person signing)
PRES IDENT (Title of person signing)