P06000140775

(Rec	questor's Name)	
· (Add	dress)	
(Add	lress)	
(City	/State/Zip/Phone	, #)
PICK-UP	<u></u>	MAIL
. (Bus	iness Entity Nam	ne)
(Doc	cument Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2011

CARLOS E. VELASQUEZ CV BUSINESS SERVICES 14291 SW 38 ST MIAMI, FL 33175

SUBJECT: PRO-TECH AUTO COLLISION IMPORT & EXPORT INC.

Ref. Number: P06000140775

We have received your document for PRO-TECH AUTO COLLISION IMPORT & EXPORT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P11000001811 - PROTECH AUTO COLLISION CORP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 711A00002085

WE JUST WANT TO REMOVE THE

COVER LETTER

TO: Amendment Section

Division of C	Corporations		
NAME OF COR	PORATION: PROT	ECH AUTO COLLÍSION	IMPORTS EXPORT INC.
DOCUMENT NU	JMBER: <u>P060001</u>	40775	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	•
	CARLOS	E VELASQUEZ	***************************************
	N	lame of Contact Person	
	CY Busi	NESS SERVICES	
		Firm/ Company	
	14291 8	38 ST Address	
	,	Address	
	Miami	, FL 33175 ity/ State and Zip Code	
	C	ity/ State and Zip Code	
	E-mail address: (to be use	DINESS QUAHOD. COI d for future annual report notification)	<u>M</u>
For further informa	ation concerning this matter,	please call:	
CARLO	S E VELASONE	2 at (305) <u>4509</u> Area Code & Daytime Tele	ацо
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Departr	ment of State:
\$35 Filing Fee	S43.75 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)
Mailing A		Street Address	
Amendmer		Amendment Section	
	f Corporations	Division of Corporations	
P.O. Box 6	327 e, FL 32314	Clifton Building 2661 Executive Center Circle	
1 01101103500	v, a su u su u z Ţ T	2001 Pyconnac Center Chole	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current		IMPORT & EXPORT A Dept. of State)	_
P060001	40775		
(Document Number	er of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Fl	lorida Profit Corporation adopts the fo	llowing
A. If amending name, enter the new name of the	he corporation:		
		The ne	w
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "professions"	esignation "Corp," "Inc	c," or "Co". A professional corporation	n
B. Enter new principal office address, if applic			-11
(Principal office address MUST BE A STREET	<u>ADDRESS</u>)	CAR CO	
		TO TO	m' o
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	SEE FLORIDA	31.31
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	gistered office address in ered office address:	n Florida, enter the name of the	
1 D 1 100 111	(Flatial advanta	-441	
New Registered Office Address:	(Florida street d	aaaress)	
_	(0)	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	ent. I am familiar with a		i.
Sio	mature of New Registere	d 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)

Title	<u>Name</u>	Address	Type of Action
<u>VP</u>	LEONIDA RAMOS	13555 SW 137 A MIAMI, FL 33186	Ve∏ Add
			Add Remove
			Add Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci		
provision	endment provides for an exchange, recast for implementing the amendment if applicable, indicate N/A)		

The date of each amendment((s) adoption: 01/15/11 (date of adoption is required)
mee as a selection with	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e 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 of	east for the amendment(s) was/were sufficient for approval
by	, ,
•	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder
action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	01/18/11
Signature (By selection)	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court
appo	inted fiduciary by that fiduciary)
	天 DUARDO VILA (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)