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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TELEONE OF SOUTH	H FLORIDA INC	
DOCUMENT NUMBER: P07000001884		
The enclosed Articles of Amendment and fee are submi	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
MICHAEL LEONE		
	Name of Contact Pers	on
TELEONE OF SOUTH FLORE	DA INC	
	Firm/ Company	
3399 CENTRAL GARDENS CI	RCLE #302	
	Address	
PALM BEACH GARDENS, FL	ORIDA 33418	
	City/ State and Zip Co	ode
TELEONEOFSOUTHFI.ORIDA	A@GMAIL.COM	
E-mail address: (to be used	for future annual repo	ort notification)
For further information concerning this matter, please c	all:	
THOMAS GIARRANO	678 at (910-6514

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 & 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 Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TELEONE OF SOUTH FLORIDA INC

(<u>Name c</u>	of Corporation as currently	filed with the Florida	Dept. of State)		
P07000001884					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporati	ion adopts the fol	lowing amend	iment(s) t
A. If amending name, enter the new na					
TELEONE AUTO RESTORATION INC	3			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorpora professional corporati	ited" or the abbre ion name must c	eviation "Cor contain the w	p.,'' vord
B. Enter new principal office address,	if applicable:	SAME			
(Principal office address MUST BE A S					
					_
				_	_
C. Enter new mailing address, if appli	icable:				
(Mailing address MAY BE A POST		SAME			
				**	
				·	
D. If amending the registered agent ar	nd/or registered office addr	ess in Florida, enter th	e name of the		
new registered agent and/or the new				(3. 5)	
Name of New Registered Agent	SAME			1023 	
Hante by the winegun tearing com			= :	- : :	"." <u>"</u>
	(Florida stre	vet address)		7	CY#"\$25 F "#1.48
	SAME			<u></u>] 217 19
New Registered Office Address:	(City) , Florida		, Florida	Zio Code)	_ ; ; ;
		(Cair)		-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	ريب
New Registered Agent's Signature, if c	hanging Registered Agent:	:			
I hereby accept the appointment as regist			gations of the pos	ition.	
	Cirmura	egistered Agent, if chang	*ine		
	Signature of New Ko	egisiereu Ageni, ij chang	guig		
Check if applicable					

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Do	<u>oc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ncs	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

titacii uuummma	adding additional A Il sheets, if necessary). (Be specific)	ı			
		 				
						
						
						
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an amendme	nt provides for an ev	vehange, reclass	ification, or canc	ellation of issued	shares,	
provisions for	implementing the a	mendment if no	contained in the	amendment itse	<u>:lf:</u>	
(if not appi	icable, indicate N/A)					
						
	<u> </u>				-	
				· 		

The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	or the amendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
selected appoint	rector, president of other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary) MICHAEL LEONE
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)