

PD700005721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

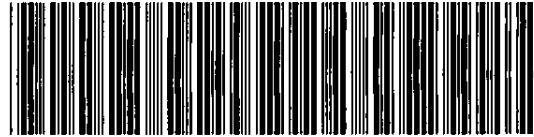
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4135

Office Use Only



400300878334

07/03/17--01001--006 **35.00

JUL 06 2017
S. YOUNG

FILED
17 JUN 30 PM 3:15
RECEIVED
DEPARTMENT OF BANKS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2017

CORPORATE ACCESS, INC

SUBJECT: AJV COLLISION SPECIALIST III, INC.
Ref. Number: P07000057221

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 017A00013393

FILED

17 JUN 30 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2017 JUL -5 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6-30-17

- ☐ CERTIFIED COPY _____
- ☒ PHOTOCOPY _____
- ☐ CUS _____
- ☒ FILING Amend _____

1. ADV Collision Specialist III, Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AJV COLLISION SPECIALIST III, INC.

DOCUMENT NUMBER: P07000057221

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PORFIRIO GARCIA

Name of Contact Person

AJV COLLISION SPECIALIST III, INC.

Firm/ Company

2185 NW 27 AVE

Address

MIAMI, FL 33142

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PORFIRIO GARCIA

Name of Contact Person

at (305) 303-4959

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATV Collision Specialist III, Inc

P 07 0000 57 221

Page 1 of 4

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|-----------|-------------------------------|-------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>MUINO, VALERIA SILVINA</u> | <u>2185 NW 27 AVE</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI, FL. 33142</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>VP</u> | <u>UBEDA, DANIEL SERGIO</u> | <u>2185 NW 27 AVE</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI, FL. 33142</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>VP</u> | <u>GARCIA, PORFIRIO</u> | <u>2185 NW 27 AVE</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI, FL. 33142</u> |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>P</u> | <u>DEL ZAUZAL, GUSTAVO</u> | <u>2185 NW 27 AVE</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI, FL. 33142</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

[illegible]

The date of each amendment(s) adoption: 6/29/17, if other than the date this document was signed.

Effective date if applicable: 6/29/17
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6/29/17

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)

Porfirio Garcia
(Typed or printed name of person signing)

V.P.
(Title of person signing)