## P07000107294

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_ MONTEVERDE BODY SHOP, INC. DOCUMENT NUMBER: P07000107294 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TONSCAN SIFONTE HERNANDEZ Name of Contact Person Firm/ Company 2131 SW 50th Avenue Address Fort Lauderdale, FL 33317 City/ State and Zip Code tonscansifonte1975@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dante Fuentes Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

MONTEVERDE BODY SHOP, INC.	oi		
(Name of Corporation as curren	itly filed with the Florida Dept. of State	)	
MONTEVERDE BODY SHOP, INC.			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the f	ollowing amo	endment(s)
A. If amending name, enter the new name of the corporation:			
		The	new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must	reviation "C contain the	orp.," word
B. Enter new principal office address, if applicable:		202	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	-	SER	2.3
		2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		An io	
(mailing dadress SIAT BE A TOST OF TICE BOX)			: <u> -</u>  -   0
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida :	street address)		
New Registered Office Address:	(City) Florida_	(Zip Code)	
	•		
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familia.		sition.	

Signature of New Registered 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)

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
X Remove			
2) Change	D	Orlando Juncadella	8290 West 8 Avenue
X Add			Hialcah, FL 33014
Remove 3 ) Change	PTS	TONSCAN S. HERNANDEZ	2131 SW 50th Avenue
Add			Fort Lauderdale, FL 33317
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change		<del>-</del>	_
Add			
Remove			

Attach au	lditional sheets,	, if necessary).	(Be specific)	ige(s) here:			
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fan ame	endment neavis	dec for an eyeh	ango roclassifi	cation, or cancel	llation of icenad	charac	
provisio	ns for impleme	enting the amer	idment if not c	ontained in the	amendment itse	lf:	
(if no	ot applicable, ir	idicate N/A)					
						<del></del>	
			···				

The date of each amendment(s date this document was signed.	adoption:	_, if other than the
	8/27/2021	
<u>парричиж</u> .	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
August 2 Dated	the contract of the contract o	
(By\± selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	-
	ORLANDO JUNCADELLA,	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	