

PO7000111147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

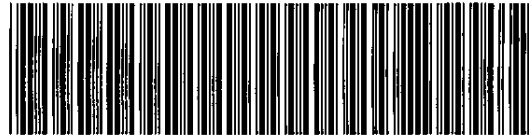
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200209688612

07/07/11--01008--006 **33.00

FILED
11 JUL - 7 PM 12:13
SECRETARY OF STATE
HALL OF RECORDS

AMEND
0.7-12-11
KRC



Online Banking

Business Economy Chk - 8403 : Account Activity

Transaction Details:

Description: Check 5040

Posting date: 07/08/2011

Amount: \$35.00

Reference Number: 85750161062

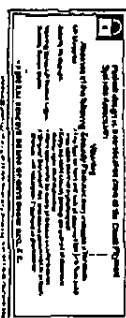
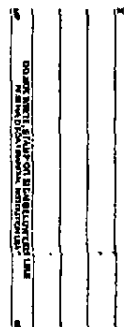
Check number: 5040

Account number: DDA-8403

Please Note: Only items posted to your account within the newest 180 calendar days will be available online.

Check Image:

AS MULTI-SERVICES AND INCOME TAXES, INC. (OPERATIONS) 121 WEBB DR STE 100 DAVENPORT, FL 33837 PH 888-418-8740 FAX 888-421-1887		BANK OF AMERICA 804-430	5040
PAY TO THE ORDER OF Florida Department of State		7/8/2011	\$ 35.00
Thirty-Five and 00/100		DOLLARS	
Florida Department of State			
Evergreen Auto & Services Inc			
⑈005040⑈ ⑆063000047⑆ 005497888403⑆		⑈0000003500⑆	

BANK OF AMERICA
NOTATION: 07/08/11
5750161062211
005040
005497888403
0000003500000-000000-11/10/2011
000-000000-11/10/2011
000-000000-11/10/2011

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EVERGREEN AUTO & SERVICES, INC

DOCUMENT NUMBER: P07000111147

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

Please return all correspondence concerning this matter to the following:

Domingo Abinader

Name of Contact Person

AB Multi Services and Income Tax

Firm/ Company

121 Web DR Ste 100

Address

Davenport, FL 33837

City/ State and Zip Code

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

For further information concerning this matter, please call:

Domingo ABinader

Name of Contact Person

at (407)

922-9211

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

Articles of Amendment
to
Articles of Incorporation
of

EVERGREEN AUTO & SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000111147

(Document Number of Corporation (if known))

FILED
11 JUL -7 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	CASTRO, JOSUE	1128 LINDSAY WAY KISSIMMEE FL 34744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 06-14-11
(date of adoption is required)

Effective date if applicable: _____
(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):*

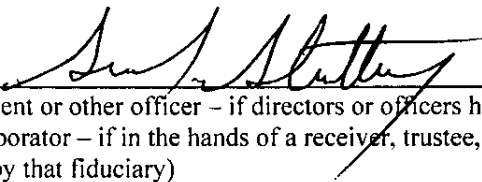
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 06/14/2011

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)

Susan Slatery
(Typed or printed name of person signing)

President
(Title of person signing)