## P07000119502

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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
_	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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DEC-1 AN 9. 40
SECRETARY OF STATE

Jr. 5/2/2

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Yitzha</u>	K Auto Glass Inc			
DOCUMENT NUMBER: PO 70001				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
Yitzhak (Name of Co	C Varela ontact Person)			
DBA Vista Fim/s	luto Glass Inc			
DBA Vista Firm/	Company) (ass			
7715 SW156 Ct Unit 123				
(Ad	dress)			
Miami FL 3' (City/ State)	3193			
(City/ State	and Zip Code)			
For further information concerning this matter, ple	ase call:			
Yitzhak VAnela	at (786) 2670752 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made	e payable to the Florida Department of State:			
\$35 Filing Fee \$\text{Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 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			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2008

YITZHAK AUTO GLASS INC. 7715 SW 156 CT., UNIT 123 MIAMI, FL 33193

SUBJECT: YITZHAK AUTO GLASS INC.

Ref. Number: P07000119502

We have received your document for YITZHAK AUTO GLASS 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6916.

Letter Number: 508A00056719

Carol Mustain Regulatory Specialist II

Division of Comparations P.O. ROY 6327 Tallahasson Florida 32314

## Articles of Amendment to Articles of Incorporation of

Vitzhak Au	sto Gla	iss Inc	
(Name of Corporation as curre			ate)
PO 7000 11.95	102		•
	nber of Corporation	on (if known)	
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incorp		es, this <i>Florida Profit</i>	Corporation adopts the
A. If amending name, enter the new name of	f the corporation	<u>:</u>	
The new name must be distinguishable a "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.,	" or the designation '	"Corp," "Inc," or
B. Enter new principal office address, if app	licable:		
(Principal office address <u>MUST BE A STREE</u>			
G. D. A	_	,	AR L
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			
(			Εω 💆
	-		
•			ŞM ●
•			
D. If amending the registered agent and/or r new registered agent and/or the new registered.			ter the name of the
new registered agent and/or the new regis	stered office add	1655.	
Name of New Registered Agent:			<del>_</del>
New Registered Office Address:	(Floria	la street address)	<b></b>
		(City)	, Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			pt the obligations of the
_			
<u></u>	Signature of New 1	Registered Agent, if ch	anging

remoyed a	ig the Officers and/or Directors, enter the nd title, name, and address of each Office litional sheets, if necessary)		
•	intonal sneets, if necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>5</u> _	Varela, Claudia L		Add Remove
	,		Remove
E. <u>If amen</u>	ding or adding additional Articles, enter	change(s) here:	
مالمردده ۴	All 'shoots if necessary). Re speci	(fig)	_
	* .		<u>-</u>
provisi	mendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A)		
		·	<u>.</u>

The date of each amendment(s) adoption:	10-30-2008
The date of each amendment(s) adoption:  Effective date if applicable:	10-30-2008
(no more than 90	) days after amendment file date)
Adoption of Amendment(s) (CHI	ECK ONE)
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) pproval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	lment(s) was/were sufficient for approval
by	.,
by(voting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated/0 -30_3	2008
	al L Varela
	ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court y that fiduciary)
y; tz	hak L Varela ped or printed name of person signing)
' (Тур	ped or printed name of person signing)
<u> </u>	President
	(Title of person signing)