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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION:	J & J AUTO REPAIRS I	NC.
DOCUMENT NUM	UMBER: P08000094628		
The enclosed Article	s of Amendment and fee a	re submitted for filing.	
Please return all corr	espondence concerning thi	s matter to the following:	
	*****	RGE S SANCHEZ	
	. N	ame of Contact Person	
_	J&J.	AUTO REPAIRS INC.	
		Firm/ Company	
_	13374 NW 42 AVE Address		
		reacts	
_		A LOCKA, FL 33054 ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further informati	ion concerning this matter,	please call:	
JORG	GE S SANCHEZ		305 8152
Name o	f Contact Person	Area Code & Daytime To	elephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depa	rtment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of O P.O. Box 632	Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

J & J AUTO REPAIRS INC.

DORODO			
FU0000	094628		
(Document Number of	of Corporation (if known)	
rsuant to the provisions of section 607,1006, Florendment(s) to its Articles of Incorporation:	orida Statutes, this Flori	da Profit Corpora	tion adopts the follow
If amending name, enter the new name of the	corporation:		
		_	The new
me must be distinguishable and contain the wasterviation "Corp.," "Inc.," or Co.," or the designe must contain the word "chartered," "profession of the principal office address, if applicable incipal office address MUST BE A STREET AL	gnation "Corp," "Inc," onal association," or the ole:	or "Co". A profe:	ssional corporation Property of the state o
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<i>BOX</i>)		9: 28 5 1AH BRIDA
If amending the registered agent and/or regist new registered agent and/or the new registered		lorida, enter the n	ame of the
Name of New Registered Agent:			
	(Florida street add	ress)	
New Registered Office Address:			
New Registered Office Address:		, Florid	da

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 addisional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
SD ·	HIGINIO MERAZ	13374 NW 42 AVE OPA LOCKA, FL 33054	Add Z Remove
<u>TD</u>	JUAN D GARCIA	13374 NW 42 AVE OPA LOCKA, FL 33054	□ Add □ □ Remove
(attach a	dditional sheets, if necessary). (Be	e specific)	
provisi		ge, reclassification, or cancellation on the amendment if not contained in the amendment	
			4

The date of each amendme	nt(s) adoption: 12	2/16/2009
' Effective d <i>a</i> te <u>if applicable</u>	40/40/0000	(date of adoption is required)
•	(no more than S	90 days after amendment file date)
Adoption of Amendment(s) (<u>CH</u>	IECK ONE)
The amendment(s) was/v by the shareholders was/		e shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of voto	es cast for the amen	ndment(s) was/were sufficient for approval
by		293
	(voting group)	
The amendment(s) was/v action was not required.	vere adopted by the	e board of directors without shareholder action and shareholder
The amendment(s) was/v action was not required.	•	e incorporators without shareholder action and shareholder
Dated_12	/16/2009	
		dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court
/a _j	ppointed fiduciary l	by that fiduciary)
		JORGE S SANCHEZ
	(Ту	ped or printed name of person signing)
		PRESIDENT DIRECTOR
	(Title o	of person signing)