P0900005183

(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:
1000 100 100 100 100 100 100 100 100 10

Office Use Only



800159537328

08/14/09--01019--007 **35.00

9 AUG 27 AM IO: ECRETARY OF STA

Cris Also

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ENTER	PRISE AUTO GLASS SER	RVICES, INC.
DOCUMENT NU	MBER:	P09000005183	
The enclosed Articl	es of Amendment and fee a	are submitted for filing.	
Please return all cor	respondence concerning th	is matter to the following:	
_	·	SABET MONTANEZ	
	1	Name of Contact Person	
	TAX	CENTER USA, CORP.	
_		Firm/ Company	
	2350	W 84TH STREET #18	
_		Address	
· ·	н	IALEAH, FL. 33016	
		City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further information	tion concerning this matter,	, please call:	
	ABET MONTANEZ of Contact Person	at (<u>305</u>) <u>82</u> Area Code & Daytime Tele	25-2500 ephone Number
Enclosed is a check	for the following amount r	nade payable to the Florida Depart	ment 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 Circl	e

Tallahassee, FL 32301



August 19, 2009

ELYSABET MONTANEZ 2350 W 84TH STREET #18 HIALEAH, FL 33016

SUBJECT: ENTERPRISE AUTO GLASS SERVICES INC

Ref. Number: P0900005183

We have received your document for ENTERPRISE AUTO GLASS SERVICES 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 209A00028123

Articles of Amendment to Articles of Incorporation of

ENTERPRISE AUTO GLASS SERVICES, INC

(Name	of Corporatio	n as currently	filed with th	e Florida De	ent. of State)
name	OI COI DOI AUO	n as currenu		ic i iviiua de	DI DI DIALU

P090000518	33
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ttion:
name must be distinguishable and contain the word "c abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asse	orporation," "company," or "incorporated" or the "Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	17546 N.W. 91st CT.
	HIALEAH, FL. 33018
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17546 N.W. 91st CT.
	HIALEAH, FL. 33018
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent: TAX CEN	TER USA, CORP
	4TH STREET #18 Clorida street address)
HIALEAH (C	, Florida 33016
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	
Signature of A	Jou 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>	Address	Type of Action
<u> </u>	ARMANDO VILLA	920 E 15th PLACE HIALEAH, FL, 33012	☐ Add ☑ Remove
<u>P</u>	LEDYS ALVAREZ	17546 NW 91st CT. HIALEAH, FL. 33018	☑ Add □ Remove
provisi	mendment provides for an exchang ons for implementing the amendment applicable, indicate N/A)	e, reclassification, or cancellation o ent if not contained in the amendme	f issued shares, ent itself:

The date of each amendment	(s) adoption: August. 1. 2009 (date of adoption is required)
Effective date if applicable:	
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	
•	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_AUG	UST 7th, 2009
sele	a director, president or other-officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	LEDYS ALVAREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)