# P09000025940

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE.

### COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	OF CORPORATION: R.M. AUTO SERVICE, INC		
DOCUMENT NU	NUMBER: P09000025940		
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
Barrington G Coombs			
Name of Contact Person			
-	Barrington G Coombs & Associates PA		
	Firm/ Company		
_	169 E Flagler St Suite 1440A		
	Address		
.*			
Miami, Florida 33131			
City/ State and Zip Code			
munoz_raul@bellsouth. net  E-mail address: (to be used for future annual report notification)			
	E-man address: (to be use	a for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
Barr	ington G Coombs	at ( 305 ) 37	4-9300
Name	of Contact Person	at ( 305 ) 374  Area Code & Daytime Telep	phone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Departr	nent of State:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 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

October 26, 2009

BARRINGTON G. COOMBS BARRINGTON G. COOMBS & ASSOCIATES ,PA 169 E. FLAGLER, STREET, SUITE 1440A MIAMI, FL 33131

SUBJECT: R.M. AUTO SERVICE, INC.

Ref. Number: P09000025940

We have received your document for R.M. AUTO SERVICE, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 109A00033965

SECKETARY OF STATE WEEN HASSEE, FLORIDA

#### **Articles of Amendment** ' to ' **Articles of Incorporation** of

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2009 NOV			
2009 NOV SECRETA FALLAHAS	. √ھا	AM	1:25
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#### R.M. AUTO SERVICE, INC

		17\	-125 1 <i>0</i> 0 G
(Name of Corporation as currently	filed with the Florida	Dept. of State	AHASSEL OF STATE
· · · · · · · · · · · · · · · · · · ·		<del></del>	CE, FI DALE
P09000	025940		LONIDA
	020010		

(Document Number of Corporation (if known)

amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name o		•	reportation adopts the fond
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Co	orp," "Inc," or "Co". A	professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5302 SW 99th Avenue	
		Miami, FL 33165	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5302 SW 99th Avenue	
		Miami, FL 33165	
D. If amending the registered agent and/or new registered agent and/or the new registered agent agen			the name of the
Name of New Registered Agent:	Angel R Mon	teagudo	
	5302 SW 99t	h Avenue	
New Registered Office Address:	(Flori	da street address)	
	Miami		, Florida <u>33165</u>
	(City)	(Zip	Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	agent. I am fami	liar with and accept the o	<u> </u>
	Signature of New	Registered Agent, if chan	ging

## 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)

Title :	<u>Name</u>	Address	Type of Action
<u> </u>	Angel R Monteagudo	5302 SW 99TH Avenue Miami, FI 33165	☑ Add □ Remove
<u>P</u>	Rigoberto Monteagudo	2540 SW 108TH Avenue Miami, Fl 33165	
E. If amend (attach aa	ling or adding additional Articles, en Iditional sheets, if necessary). (Be sp	ter change(s) here: pecific)	
provisio	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(s) adoption:				
Effective date if applicable:	10/21/09	(date of adoption is required)		
Elicetite date il applicable.	(no more than	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	( <u>C</u>	HECK ONE)		
The amendment(s) was/we by the shareholders was/w		ne shareholders. The number of votes cast for the amendment(s) r approval.		
		the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):		
"The number of votes	s cast for the ame	endment(s) was/were sufficient for approval		
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(voting group)			
action was not required.		ne board of directors without shareholder action and shareholder ne incorporators without shareholder action and shareholder		
Dated_10/2	20/09	<del></del>		
sel	y a director, pres lected, by an inco	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court		
ар	pointed fiduciary	y by that fiduciary)		
		Rigoberto Monteagudo		
	T)	Typed or printed name of person signing)		
		President		
	(Title	of person signing)		