# P0900047084

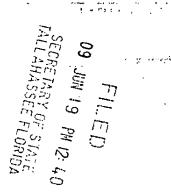
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: E. A. S. Collision Center, Inc.			, Inc.		
DOCUMENT NU	MBER:	P09000047084			
The enclosed Artic	eles of Amendment and fee	are submitted for filing.	•		
Please return all co	orrespondence concerning th	is matter to the following:			
	Betty Silva				
	1	Name of Contact Person			
E. A. S. Collision Center, Inc. Firm/ Company					
		rum Company			
	3082 NW 62nd Street				
		Address			
	<del></del>	liami, Florida 33145	<del> </del>		
	•	City/ State and Zip Code			
•	E-mail address: (to be use	lision@yahoo.com d for future annual report notification)	<del></del>		
For further informa	ntion concerning this matter	, please call:			
	Betty Silva	at ( 786 ) 4	31-1213		
Name of Contact Person		Area Code & Daytime Te	lephone Number		
Enclosed is a check	c for the following amount t	nade payable to the Florida Depar	tment of State:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

E. A. S. Coll	lision Cente	er, Inc.		
(Name of Corporation as curren	atly filed with t	he Florida Dept. of State)		
P09000047084				
(Document Numb	per of Corporati	on (if known)		
amendment(s) to its Articles of Incorporation:		es, this Florida Profit Corporation adopts the following		
A. If amending name, enter the new name of	the corporatio			
	designation "Co	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation ation," 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)		3082 NW 62nd Street		
		Miami. Florida 3314€		
		3082 NW 62nd Street  Miami, Florida 3314		
D. If amending the registered agent and/or re new registered agent and/or the new regist				
Name of New Registered Agent:	Betty Silva			
:	3082 NW 62r	nd Street		
New Registered Office Address:	(Flori	da street address)		
<u>.</u>	∕liami,	, Florida 33146/		
	(City)	(Zip Code)		
	ent. I am farti Gelli	tent:  The state of the position of the position.  The state of the position of the position.  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> Name Address Type of Action Ricardo Quero 3082 NW 62nd Street ☑ Remove Miami, Florida 33146 Betty Silva 3082 NW 62nd Street ☑ Add Miami, Florida 33146 ☐ Remove \_\_ 🔲 Add 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) 1000 par value @ \$0.10 per share

The date of each amendmen	t(s) adoption: May 29th, 2009
Effective date if applicable:	May 29th, 2009  (to more than 90 days after amendment file date)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
	(////O.O. V./)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
✓ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_June	e 17th, 2009
Signature _	( 1 1 / / / / / / / / / / / / / / / / /
	a director, president or other officer – if directors or officers have not been
` •	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	Betty Silva
	(Typed or printed name of person signing)
	(-) Lea or Learner and a berson a berson.
	President
	(Title of person signing)

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION:	RATION: E. A. S. Collision Center, Inc.			
DOCUMENT NO	MBER:	P0900047084			
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.			
Please return all co	orrespondence concerning th	is matter to the following:			
	Betty Silva				
	Name of Contact Person				
E. A. S. Collision Center, Inc.					
	Firm/ Company				
	3082 NW 62nd Street				
		Addr <del>e</del> ss			
		arni, Florida 3314	·····		
····	E-mail address: (to be use	ision@yahoo.com d for future annual report notification)			
For further informa	ation concerning this matter,	please call:			
	Betty Silva	at ( 786 ) 4	31-1213		
Name of Contact Person		Area Code & Daytime Te	lephone Number		
Enclosed is a check	for the following amount m	nade payable to the Florida Depar	rtment 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 Ac Amendmen Division of P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301