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AUG 21 2013 R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	MY BROW	ARD MECHANI	C CORP	
DOCUMENT NUMBER: PO	900006091	7		
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.		
Please return all correspondence of	concerning this ma	tter to the following:		
JOSE	TUAREZ			
		Name of Contact Perso	n	
MY BF	ROWARD	MECHANIC CO	RP	
•		Firm/ Company		
1649 E	1649 BANKS RD			
		Address		
MARG	ATE, FL 3	3063		
		City/ State and Zip Cod	e	
		•		
	1.11	16.6		
E-mai	l address: (to be us	sed for future annual report	notification)	
For further information concerning	g this matter, pleas	se call:		
JOSE TUAREZ		at (954	615-7008	
Name of Contact F	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	artment of State:	
	75 Filing Fee & ificate 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 Addre	ss	Street	Address	
Amendment Sec	tion	Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL	20214		Building xecutive Center Circle	
i ananassee. Pl	34314	260 LE	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILEB 18 AUG 16 PM 4:01

MY BROWARD MECHANIC CORP

(Name of Corporation as currently filed with the Flor	ida Dept. of State)
P09000060917	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
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)	<u> </u>

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent YU

YURI TUAREZ

1649 BANKS RD

(Florida street address)

New Registered Office Address:

MARGATE

Florida 33063

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	JOSE TUAREZ	1649 BANKS RD
Add			MARGATE, FL 33063
Remove			
2) Change	VS	YURI TUAREZ	1649 BANKS RD
X			MARGATE FL 33063
Remove			
3) Change	<u>P</u>	PABLO SERRANO S	1069 GOLDEN CANE DR
Add			WESTON FL 33327
X Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

	l sheets, if necessary	y). (Be specific)			
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provisions for in	t provides for an exmplementing the articable, indicate N/A)	menament ii not co			
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	_ _
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 08-12-2013	
Signature Segundo Teg	
(By a director) president or other officer — if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JODE TUARRE (Typed or printed name of person signing)	
TResident (Title of person signing)	