## PD90000009283

| (Re                     | questor's Name)   |                                       |
|-------------------------|-------------------|---------------------------------------|
| (Ad                     | dress)            | <del></del>                           |
| (Ad                     | dress)            |                                       |
| (Cit                    | y/State/Zip/Phone | <b>⇒</b> #)                           |
| PICK-UP                 | ☐ WAIT            | MAIL                                  |
| (Bu                     | siness Entity Nan | ne) ,                                 |
| (Do                     | cument Number)    | · · · · · · · · · · · · · · · · · · · |
| Certified Copies        | _ Certificates    | of Status                             |
| Special Instructions to | Filing Officer:   |                                       |
|                         |                   |                                       |
|                         |                   |                                       |
|                         |                   |                                       |
|                         |                   |                                       |

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10/26/09--01009--009 \*\*35.00

SECRETARY OF STATE TALLAHASSEE FLORIDA

Amena 10/28/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF COR          | PORATION:                                       | On-Site Auto Services, Inc                                                                                                                                  |       |
|----------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| DOCUMENT NU          | JMBER:                                          | P09000069283                                                                                                                                                |       |
| 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:                                                                                                                                 |       |
|                      | _                                               | Eduardo Herbut                                                                                                                                              |       |
| ,                    | . ,                                             | Name of Contact Person                                                                                                                                      |       |
|                      | On-S                                            | Site Auto Services, Inc.                                                                                                                                    |       |
|                      |                                                 | Firm/ Company                                                                                                                                               |       |
|                      | 1                                               | P.O. Box 961299                                                                                                                                             |       |
|                      |                                                 | Address                                                                                                                                                     |       |
|                      |                                                 | ami, FL 33296-1299                                                                                                                                          |       |
|                      | С                                               | City/ State and Zip Code                                                                                                                                    |       |
| _                    | herk<br>E-mail address: (to be use              | but@msn.com ed for future annual report notification)                                                                                                       |       |
| For further inform   | ation concerning this matter,                   | , please call:                                                                                                                                              |       |
|                      | Eduardo Herbut                                  | at ( 305 ) 793-3811  Area Code & Daytime Telephone Number                                                                                                   |       |
|                      | of Contact Person  k for the following amount n | nade payable to the Florida Department of State:                                                                                                            |       |
| ☑ \$35 Filing Fee    | \$43.75 Filing Fee & Certificate of Status      | ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) | osed) |
| P.O. Box 6           | nt Section<br>f 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



|   | On-Site Auto Services, Inc.                                             |
|---|-------------------------------------------------------------------------|
| ( | Name of Corporation as currently filed with the Florida Dept. of State) |
|   | P09000069283                                                            |
|   | (Document Number of Corporation (if known)                              |

| (Document Number of Corporation (if known)                                                                                                                                                                                                                                                               |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:                                                                                                                                       | follo |
| A. If amending name, enter the new name of the corporation:                                                                                                                                                                                                                                              |       |
| The                                                                                                                                                                                                                                                                                                      | new   |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A." | the   |
| B. Enter new principal office address, if applicable:                                                                                                                                                                                                                                                    |       |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                                                                                                                                                                                              |       |
|                                                                                                                                                                                                                                                                                                          |       |
|                                                                                                                                                                                                                                                                                                          |       |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                  |       |
| D. If amonding the registered agent and/or registered office address in Florida, enter the name of the                                                                                                                                                                                                   |       |
| 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:                                                                                                                                                                                                                                                                            |       |
| New Registered Office Address: (Florida street address)                                                                                                                                                                                                                                                  |       |
| Placida.                                                                                                                                                                                                                                                                                                 |       |
| , Florida<br>(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.                                                                                                                     | on.   |
| 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)

| <u>Title</u>              | <u>Name</u>                                                                                       | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Type of Action                  |
|---------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <u>\$</u>                 | Abraham Martin                                                                                    | 4925 SW 154th Court  Miami, FL 33185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☑ Add<br>□ Remove               |
|                           | <del></del>                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
|                           |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
| E. If amend<br>(attach aa | ling or adding additional Articles<br>Iditional sheets, if necessary). (B                         | s, enter change(s) here:<br>le specific)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |
|                           |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
| <u>provisio</u>           | nendment provides for an exchan<br>ns for implementing the amendn<br>ot applicable, indicate N/A) | ge, reclassification, or cancellation on the amendment of the amendment in the amendment of | f issued shares,<br>ent itself: |
|                           |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
|                           |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
| <del>_</del>              |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |

| The date of each amendment                         | (s) adoption: 10/02/2009                                                                                                                                                                              |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    | (date of adoption is required)                                                                                                                                                                        |
| Effective date <u>if applicable</u> :              | (no more than 90 days after amendment file date)                                                                                                                                                      |
| Adoption of Amendment(s)                           | (CHECK ONE)                                                                                                                                                                                           |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.                                                                                            |
|                                                    | re approved by the shareholders through voting groups. The following statemend 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/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_10/2 Signature                               | Fylom                                                                                                                                                                                                 |
| 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) |
|                                                    | Eduardo Herbut                                                                                                                                                                                        |
|                                                    | (Typed or printed name of person signing)                                                                                                                                                             |
|                                                    | Vice-President                                                                                                                                                                                        |
|                                                    | (Title of person signing)                                                                                                                                                                             |