## P09000080146

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ADVANCED AUT	OREPAIRS SOLUTIONS	SINC.				
DOCUMENT NUN	1BER: P09000080146						
	s of Amendment and fee are sub	omitted for filing.					
Please return all corr	espondence concerning this mat	ter to the following:					
	GUILLERMO R. CAMPOS MORELL						
	Name of Contact Person						
	ADVANCED AUTOREPAIRS SOLUTIONS INC.						
		Firm/ Company					
	14118 SW 139TH COURT						
	Address						
	MIAMI, FL 33186						
	City/ State and Zip Code						
	aautorsolutious@gmail.com						
	E-mail address: (to be us	ed for future annual report	notification)				
For further informati	on concerning this matter, pleas		3033072				
Name	of Contact Person	Area Co	) 3033072 de & Daytime Telephone Number				
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Ar Di P.0	neiding Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

## Articles of Amendment

## Articles of Incorporation

of

2020 FCC -6 PM 1: 42

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as current)	ly filed with the Florida Dept. of State)
P09000080146	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", - "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS )	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	· · ·
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>u</u>
Name of New Registered Agent N/A	
(Florida str	reet address)
New Registered Office Address: N/A	Di. J.J.
	, Florida
ew Registered Agent's Signature, if changing Registered Agent	<u>:</u>
hereby accept the appointment as registered agent.—I am familiar v	with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing
Theck if applicable	

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)

Example:

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.

X Change	<u>14</u>	<u> John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>eith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P	_	Ernesto J De Lara Tous	8500 SW 149 Ave 1203
Add				Miami F1, 33193
X Remove 2) X Change	PD	_	Guillermo R. Campos Morell	
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or ac	dding additional Arti sheets, if necessary),	cles, enter change(s) (Be specific)	here;		
N/A	sneets, if necessary.	the specificy			
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F. <u>If an amendment</u>	provides for an excl	ange, reclassificatio	n, or cancellation of	issued shares,	
provisions for in	iplementing the ame	<u>ndment if not contai</u>	ned in the amendme	ent itself:	
	able, indicate $N/A$ )				
N/A					
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	100	-			
		<del></del> .			
				· · ·	

N/A	, if other than th
The date of each amendment(s) adoption:late this document was signed.	ii other than th
N/A	
Offective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, to ocument's effective date on the Department of State's records.	his date will not be listed as th
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	er action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following sometimes the 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 N/A	
(voting group)	
2/03/2020 Dated	
Signature  (By a director, president or other officer) if directors or officers have not selected, by an incorporator - if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
Guillermo R. Campos Morell	
(Typed or printed name of person signing)	<del></del>
Director	
(Title of person signing)	