

PO9000100584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

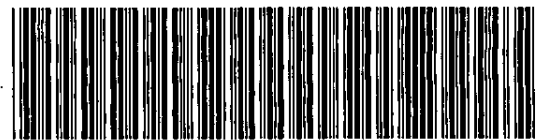
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
14 DEC 30 AM 06

Amend/cc
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10 1.6.15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AUTO KLINIC & COMPANY, INC.

DOCUMENT NUMBER: P09000100584

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURETTA DEVEAUX HENDERSON

Name of Contact Person

Firm/ Company

2525 NW 162 ST

Address

OPA LOCKA, FL 33054

City/ State and Zip Code

LAURETTADEVEAUXH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURETTA DEVEAUX HENDERSON at (786) 586-0629

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 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

December 12, 2014

LAURETTA DEVEAUX HENDERSON
2525 NW 162 ST
OPA LOCKA, FL 33054

SUBJECT: AUTO KLINIC & COMPANY, INC.
Ref. Number: P09000100584

*Corrections
Done*

We have received your document for AUTO KLINIC & COMPANY, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted 2(two) forms, if you want the officer director resignation filed the fee is \$35.00 or remove it from the filing since the Amendment contain removal of this officer/director.

Minutes or corporate resolutions are not filed with the Division of Corporations and should be kept with the records of the corporation. Any changes that are being made to the articles of incorporation can be made by filing articles of amendment. Enclosed is an amendment form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 014A00026254

RECEIVED

4 DEC 30 PM 1:33

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327 TALLAHASSEE, FL 32314

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

AUTO KLINIC & COMPANY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000100584

(Document Number of Corporation (if known))

FILED STATE
SECRETARY OF CORPORATION
14 DEC 30 AM 10:06

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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 the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2525 N. W. 162 STREET

OPA-LOCKA, FL 33054

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2525 N. W. 162 STREET

OPA-LOCKA, FL 33054

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

LAURETTA D. HENDERSON

2525 N. W. 162 STREET

(Florida street address)

New Registered Office Address:

OPA-LOCKA

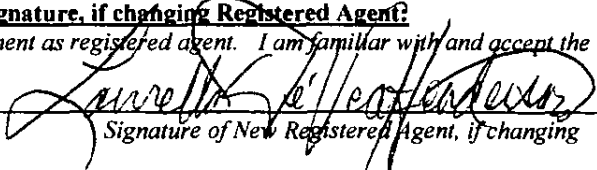
, Florida 33054

(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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PLEASE FIND RESIGNATION LETTER ATTACHED:

Thursday

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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

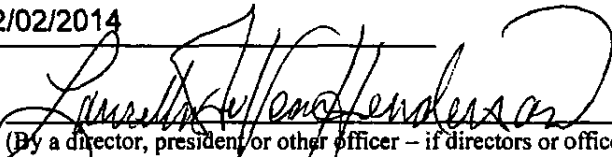
by _____."
(voting group)

☐ 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 12/02/2014

Signature



(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)

LAURETTA DEVEAUX HENDERSON

(Typed or printed name of person signing)

President

(Title of person signing)