(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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08/29/11--01019--021 **43.75

SOLL DATE

Arone 31.11



COVER LETTER

TO: Amendment Section Division of Corporations

name ö f cori	PORATION:	AUTO TECH COLLISION	I, INC
DOCUMENT NU	MBER:	P10000066558	
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:	
		LUIS PEREZ	
		Name of Contact Person	
AUTO TECH		TECH COLLISION, INC	
		Firm/ Company	
	12946 SW 87 AVE		
		Address	
		MIAMI, FL 33176	
	C	City/ State and Zip Code	
_		305@GMAIL.COM ed for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
	LUIS PEREZ	at (<u>305</u>) 2	78-7982
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a checl	k for the following amount r	nade payable to the Florida Depar	rtment of State:
□ \$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

AM 8: 44

AUTO TECH COLLISION INC

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

P10000066558

(Document Number of Corporation (if known)

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

Corp," "Inc," or 'ciation," or the abo	'Co". A professional corpord breviation "P.A."
	da, enter the name of the
87 AVE	
rida street address)
	, Florida 33176
v)	(Zip Code)
<u>C</u>	ddress: 37 AVE rida street address

emoved ar	id title, name, and address of ea	enter the title and name of each offi ch Officer and/or Director being ad	
Attach add	itional sheets, if necessary)		
<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	CARIDAD ROSA	12946 SW 87 AVE MIAMI, FL 33176	
		IMICANI, I E SOTTO	
Р	LUIS PEREZ	12946 SW 87 AVE	
		MIAMI, FL 33176	Remove
provisio		nge, reclassification, or cancellation ment if not contained in the amend	

AUTO TECH COLLISION INC The date of each amendment(s) adoption:	8-22-11	61-1620799 ATX1
me date of each amendment(s) adoption.	(date of adoption is required)	
Effective date if applicable:	9/1/2011	
(no more than S	90 days after amendment file date)	
Adoption of Amendment(s) (CHi	ECK ONE)	
The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	the shareholders. The number of votes cas r approval.	t for the amendment(s)
The amendment(s) was/were approved by t must be separately provided for each votin		
"The number of votes cast for the am	nendment(s) was/were sufficient for approve	al
by	.*	
(voting grou	up)	
The amendment(s) was/were adopted by the action was not required. The amendment(s) was/were adopted by the action was not required.		
action was not required.	ne incorporators without shareholder action	i and shareholder
Dated 8/22/2	2011	
Signature 400		
	ident or other officer - if directors or officers ha	
selected, by an mod appointed fiduciary	orporator – if in the hands of a receiver, trustee, by that fiduciary)	, or other court
CARIDAD ROS	Α	
(T	yped or printed name of person signing)	
PRESIDENT		
(Title o	of person signing)	