

P10000066836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

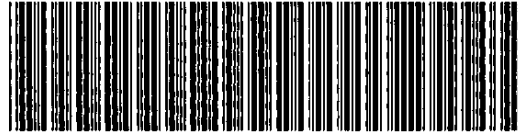
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOVIL MECANIC INC

Name of Corporation

DOCUMENT NUMBER: P10000066836

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

REYNALDO GRINSTEIN

Name of Contact Person

ARMOR INSURANCE AGENCY

Firm/Company

2631-A JAMMES RD

Address

JACKSONVILLE, FL 32210

City/State and Zip Code

ALOPOCHO@AOL.COM

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

For further information concerning this matter, please call:

REYNALDO GRINSTEIN

Name of Contact Person

at (904) 779-2777

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

September 3, 2010

RENALDO GRINSTEIN
ARMOR INSURANCE AGENCY
2631-A JAMMES RD
JACKSONVILLE, FL 32210

SUBJECT: MOVIL MECANIC INC
Ref. Number: P10000066836

We have received your document for MOVIL MECANIC INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #L07000009267 / MOBILE MECHANIC, LLC.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 110A00021209

1-850-67-6380

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOVIL MECHANIC INCDOCUMENT NUMBER: P10000066836The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

REYNALDO GRINSTEIN

Name of Contact Person

ARMOR INSURANCE AGENCY

Firm/ Company

2631-A JAMES RD.

Address

JACKSONVILLE, FL 32210

City/ State and Zip Code

ALOPOCHO2AOL.COM

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

RECEIVED

10 NOV -4 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Photo copy

For further information concerning this matter, please call:

REYNALDO GRINSTEIN

Name of Contact Person

at (904) 779-2777

Area Code & Daytime Telephone Number

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

☒ \$35 Filing Fee☐ \$43.75 Filing Fee &
Certificate 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 AddressAmendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressAmendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301Atte : CHERYL COLLIETIE

Articles of Amendment
to
Articles of Incorporation
of

MOVIL MECANIC INC`

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

P10000066836

(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:

A. If amending name, enter the new name of the corporation:

MOBIMECH INC

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**)*

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

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)

(City)

*_____, Florida
(Zip Code)*

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TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 11/01/2010

Effective date if applicable: 11/01/2010 *(date of adoption is required)*
(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 11/01/2010

Signature Mario M Fernandez
(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)

MARIO M FERNANDEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)