P110000003569

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SECRETARY OF SIME BIVISION OF CORPORATIONS

Amend 102/28/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	Ideal Auto Glass	
DOCUMENT NUMBER:		P11000003569)
The enclosed Article	es of Amendment and fee a	are submitted for filing.	
Please return all cor	respondence concerning th	is matter to the following:	
_		Eliud Casillas	
	ľ	Name of Contact Person	
_		Ideal Auto Glass	
		Firm/ Company	
1809 East Broadway Street #364			
		Address	
_		Oviedo, FL 32765	
	C	City/ State and Zip Code	
	info@idea E-mail address: (to be use	alautoglassnow.com ad for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
	liud Casillas	at (407)	473-5858
Name of Contact Person		Area Code & Daytime Te	elephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depa	rtment 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 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 Circ	م] د

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Ideal A	Auto Glass	Ģ
(Name of Corporation as curren	tly filed with the Florid	la Dept. of State)
	00003569	
(Document Number	er of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	Clorida Profit Corporation adopts the fo
A. If amending name, enter the new name of the	he corporation:	
		The ne
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the do name must contain the word "chartered," "profes	esignation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
D. If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent:		n Florida, enter the name of the
ivame of New Negistered Agent.		
New Registered Office Address:	(Florida street d	address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing		
hereby accept the appointment as registered age	nt. I am familiar with a	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)

Type of Action **Title** <u>Name</u> Address Т Eduardo Bonilla Orlando, FL 32828 ☐ 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 amendmen	it(s) adoption: 02	2/18/2011
Effective date <u>if applicable</u> :	02/18/2011	(date of adoption is required)
	(no more than s	90 days after amendment file date)
Adoption of Amendment(s)	(<u>CF</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/were sufficient for approval
by	(voting group)	**
	(voting group)	
action was not required.		e board of directors without shareholder action and shareholder e incorporators without shareholder action and shareholder
sele	Ziml Gr. y a director, presid	dent or other officer – if directors or officers have not been reporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
	romina madrany (oy mai nouclary)
		Eliud Casillas
	(Ту	ped or printed name of person signing)
	_	President
	(Title o	f person signing)