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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	ATION: REPUESTA URGENTE MIAMI CORP						
DOCUMENT NI	UMBER:							
The enclosed Arti	cles of Amendment a	nd fee are submitted for filing.						
Please return all co	orrespondence conce	ning this matter to the following:						
		TONY PESTANO  Name of Contact Person						
		Name of Contact Person						
	BUSINESS S	ERVICES & SUPPORT NETWORK, CORP						
	Firm/ Company							
	7758 NW 44 ST							
		Address						
		SUNRISE, FLORIDA 33351						
		City/ State and Zip Code						
_	E-mail address: (	TONY.PESTANO o be used for future annual report notification)						
For further inform	ation concerning this	natter, please call:						
Name of Contact Person		at () Area Code & Daytime Telephone Number						
Enclosed is a chec	k for the following ar	ount made payable to the Florida Department of State:						
₹35 Filing Fee	\$43.75 Filing Fee Certificate of Stat							
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building						
Tallahassee, FL 32314		2661 Executive Center Circle						

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

### REPUESTA URGENTE MIAMI, CORP

	nber of Corporation (if known)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following
A. If amending name, enter the new name o	f the corporation:	
REPUESTO U	IRGENTE MIAMI CORP	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	<u>CE BOX</u> )	MAR 24 AM 9: 38
<ol> <li>If amending the registered agent and/or r new registered agent and/or the new registered.</li> </ol>		enter the name of the
Name of New Registered Agent:		<del></del>
	(Florida street address)	
New Registered Office Address:		
New Registered Office Address:	, the second sec	, Florida

## 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>	Type of Action
<del></del>	<del> </del>		
<u>.</u>		<u></u>	☐ Add ☐ Remove
E. <u>If amen</u>	nding or adding additional Art	icles, enter change(s) here: (Be specific)	
			,
		hange, reclassification, or cancella	
(if i	not applicable, indicate N/A)	nument is not contained in the amo	enament usen.
· · · · · · · · · · · · · · · · · · ·			<del></del>
	•		

The date of each amendment	(s) adoption:	3	21	<i>\(\lambda\)</i>
		(date of a	doption	is required)
Effective date if applicable:	(no more than 9	O day after		mont file data)
	(no more inan 9	o aays ajier	amenan	meni jile dale)
Adoption of Amendment(s)	(СН	ECK ONE)		
_				
The amendment(s) was/wer by the shareholders was/we	re adopted by the re sufficient for a	shareholders	s. The i	number of votes cast for the amendment(s)
The amendment(s) was/wer must be separately provided	e approved by the dfor each voting	e shareholde group entitle	rs throu ed to vo	ugh voting groups. The following statement ote separately on the amendment(s):
"The number of votes of	east for the amend	dment(s) was	s/were s	sufficient for approval
by	(voting group)			
	(voting group)			
The amendment(s) was/wer action was not required.	e adopted by the	board of dire	ectors w	without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the	incorporator	s witho	out shareholder action and shareholder
Dated 🙀	03/21/2 cquelis Jair	011		
Signature 1	cqueles Sis	u	- CC	- if directors or officers have not been
selec		orator – if ir	the ha	ands of a receiver, trustee, or other court
	100	equeline	. Sie	of person signing)
	(Тур	ed or printed	d name	of person signing)
		Pres	len	JT
	(Title of	person signi	ing)	