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## COVER LETTER

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TO: Amendment Section \_ Division of Corporations

NAME OF CORPOR	A-1 COLLISION	CENTER, INC.						
DOCUMENT NUME								
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.						
Please return all corres	pondence concerning this ma	itter to the following:						
	Joseph Villate							
		Name of Contact Persor	n					
	Joseph Villate CPA							
	·	Firm/ Company						
	250 Catalonia Avenue, STE 506							
		Address						
	Coral Gables, FL 33134							
		City/ State and Zip Code	೮					
Villat	ecpa@bellsouth.net							
<del></del>	E-mail address: (to be u	sed for future annual report	notification)					
For further information  Joseph Villate CPA	concerning this matter, pleas		541-4714					
	T Contact Person	at (	541-4714 de & Daytime Telephone Number					
	the following amount made							
S35 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 Circle Tallahassee, F1, 32301						

## Articles of Amendment

Articles of Incorporation of 17 11 7 21 11 0: 57

(Name of Corporat	ion as currently filed with the Flori	da Dept. of State)
P11000060799		
(Docu	ment Number of Corporation (if know	n)
Pursuant to the provisions of section 607,1006. Florid ts Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ration adopts the following amendment(s
A. If amending name, enter the new name of the c	orporation:	
A F Hauling Inc.		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional	'incorporated" or the abbreviation
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>		
2. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
). If amending the registered agent and/or registenew registered agent and/or the new registered		the name of the
Name of New Registered Agent		<u> </u>
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent.  In the appointment as registered agent.		ligations of the position.
<u> </u>	nature of New Registered Agent, if cha	<u>.</u>

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)

Please note the officer/director title by the first letter of the office title.

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nne <u>s</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Romano				

witaen <i>m</i>	dditional sheets.	idditional Artiferial if necessary).	(Be specif	ic)	<u> </u>			
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fan ame	endment provid	les for an exc	hange, reclas	sification, o	r cancellatio	of issued st	iares,	
<u>provișio</u>	ons for impleme	nting the amo	<u>endment if n</u>	ot contained	in the ameno	<u>lment itself:</u>		
(ij n	ot applicable, is	idicale N/A)						
		<del></del>						

The date of each amendment(s) adoption:	_, if other than th
date this document was signed.	
07/31/2017	
Effective date if applicable:  (no more than 90 days after amendment file date)	
tho more than 90 days after amenament fite date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as th
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 east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
<ul> <li>☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder</li> </ul>	
action was not required.	
Dated	_
(By a director, b) dent or other officer – if directors or officers have not been	-
selected, by an incorporator - it in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Roberto Gonzalez	
(Typed or printed name of person signing)	
President	
(Pitte of person ciming)	