## P11000102849

| (Re                     | questor's Name)     |               |
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| PICK-UP                 | ☐ WAIT              | MAIL          |
| (Bu                     | siness Entity Name  | e)            |
| (Do                     | cument Number)      |               |
| Certified Copies        | _ Certificates o    | of Status     |
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T. ROBERTS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Myrepairserviceinc DOCUMENT NUMBER: p11000102849 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: robert I. shaffer Name of Contact Person myrepairserviceinc Firm/ Company 2208 avenue c Address bradenton beach, fl.,34217 City/ State and Zip Code bobshafe1@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: robert I. shaffer Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

| MY LEPAIR SERV  |   | endment<br>rporation        | Effective 10                          | 31-12                 |
|---|---|-----------------------------|---------------------------------------|-----------------------|
| (Name of Corporation as cup p11000102849  | rrently filed with the Flo                            | rida Dept. of State)        | . •                                   |                       |
| _ <del></del>   | Number of Corporation (if )                           | gnown)                      | · · · · · · · · · · · · · · · · · · · |                       |
| Pursuant to the provisions of section 607.100 its Articles of Incorporation:  | 06, Florida Statutes, this Fl                         | orida Profit Corporation    | adopts the following a                | mendment(s) to        |
| A. If amending name, enter the new name   | e of the corporation:                                 |                             |                                       |                       |
| mycconsulting/managemer   | nt&repaiservices                                      | sinc                        | TH                                    | ie new                |
| name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association | on "Corp," "Inc," or "Co                              | o". A professional corpo    |                                       |                       |
| B. Enter new principal office address, if a (Principal office address MUST BE A STRI  |   | na                          |                                       | <b>a</b> .            |
| C. Enter new mailing address, if applicab<br>(Mailing address MAY BE A POST OF)   |   | na                          | 12007                                 | WISION OF CORPORATION |
| D. If amending the registered agent and/on new registered agent and/or the new re   |   | s in Florida, enter the na  | me of the                             | <b>—</b> 6.           |
| Name of New Registered Agent   17   | a   |                             |                                       |                       |
| ~~  | (Florida street                                       | address)                    | <del>-</del>                          |                       |
| n n i i i ma i i i ni   | -   | . Florida                   |                                       |                       |
| New Registered Office Address:  | (City)  | , rioi lua                  | (Zip Code)                            |                       |
| New Registered Agent's Signature, if change the appointment as registered   | ging Registered Agent:<br>I agent. I am familiar witi | h and accept the obligation | ns 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)

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.

| Example: X Change          | <u>PT</u>    | John D   | <u>oe</u>                              |                 |
|----------------------------|--------------|----------|--|-----------------|
| X Remove                   | ¥            | Mike Jo  | ones                                   |                 |
| X Add                      | <u>sv</u>    | Sally S  |  |                 |
|                            |              | SHITA SI |  |                 |
| Type of Action (Check One) | <u>Title</u> |          | Name                                   | <u>Addres</u> s |
| 1) <u>na</u> Change        |              | _        |  |                 |
| Add                        |              |          |  |                 |
| Remove                     |              |          |  |                 |
| 2) <u>na</u> Change        |              | _        |  | ~               |
| Add                        |              |          |  |                 |
| Remove                     |              |          |  |                 |
| 3) Change                  |              | -        |  | <del></del>     |
| Add                        |              |          |  |                 |
| Remove                     |              |          |  |                 |
| 4) na Change               |              |          |  |                 |
| Add                        |              |          |  |                 |
| Remove                     |              |          |  |                 |
| na                         |              |          |  |                 |
| 5) na Change               |              |          |  |                 |
| Add                        |              |          |  |                 |
| Remove                     |              |          |  |                 |
| na Change                  |              |          | ************************************** |                 |
| Add                        |              |          |  |                 |
| Pemove                     |              |          |  |                 |

| E. J          | f amending or adding additional Arti<br>Attach additional sheets, if necessary).                                  | cles, enter change(s) here: (Be specific)  |
|---------------|---|--|
| na            |   |  |
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| F. <u>l</u> i | f an amendment provides for an excha<br>provisions for implementing the amen<br>(if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| na            |   |  |
|               |   |  |
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|               |   |  |
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|               | <del></del>   |  |
|               |   |  |

| The date of each amendment(s                             | adoption: October 06 2012  |
|--|--|
| Effective date if applicable:                            | october 31 2012  |
|  | (no more than 90 days after amendment file date)   |
|  |  |
| Adoption of Amendment(s)                                 | (CHECK ONE)  |
| ☐ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.  |
|  | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca                                  | ast for the amendment(s) was/were sufficient for approval  |
| by   | (voting group)   |
|  | (voting group)   |
| ☐ The amendment(s) was/were a action was not required.   | adopted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/were a action was not required.     | adopted by the incorporators without shareholder action and shareholder  |
| <sub>Dated</sub> octob                                   | per 03 2012  |
| Signature  | MIII   |
| (By a  | a director, president or other officer - if directors or officers have not been  |
|  | eted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)                               |
|  | robert I. shaffer  |
|  | (Typed or printed name of person signing)  |
|  | managing officer / f   |
|  | (Title of person signing)  |