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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

TSCHOOLDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANGE'S AUTO R	EPAIR & SERVICE, INC.		
DOCUMENT NUM	P12000035965			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Nelson A. Gonzalo			
		Name of Contact Perso	11	
	Ange's Auto Repair & Service, Inc.			
		Firm/ Company		
	4719 SE 6th Avenue	Time Company		
		Address		
	Cape Coral, Florida 33904			
		City/ State and Zip Cod	c	
	swfldud@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	at (292-1977	
Name	of Contact Person	at (Area Co	/ ode & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Fiting 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 Taliahassee, FL 32314		Amene Divisio	Address Iment Section on of Corporations Building	
			Executive Center Circle assee, FL 32301	

Articles of Amendment

to

Articles of Incorporation

of

ANGE'S AUTO REPAIR & SERVICE, INC.

(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)	
	P10000	035965	
	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
	iation "Corp." "Inc." or '	on," "company," or "incorporated" or the "Co". A professional corporation name mus "P.A."	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A S	19 NOV
			11 E
D. If amending the registered agent ar new registered agent and/or the ne			6: 3 D
	Nelson A. Gonzalo	3 D 5	•
Name of New Registered Agent	4719 SE 6th Avenue		
	(Florida st	reet address)	
New Registered Office Address:	Cape Coral	. Florida 3390-	1
New Neglistered Office Statiess.			v Code)
<u>New Registered Agent's Signature, if c</u> <i>I hereby accept the appointment as register</i>		 with and accept the obligations of the position 	,
, , , , , , , , , , , , , , , , , , , ,			
	/ //a/		
	Simulation	Registered Agent, if changing	
	Signature of New I	хедьнегей ядет, у спипуту	

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)

__ Remove

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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Pres.	Barbara Gonzalo	2811 SE 5th Avenue
Add			Cape Coral, FL 33904 CRE NOV 22
Remove 2) Change	Treas.	Lynnette Cordero	137 St. 27Hi Terrace es
Add			Cape Coral, FL 33904: 00 0
Remove 3) Change	VP	Nelson Gonzalo	3434 SW 11th Avenue
Add X Remove			Cape Coral, FL 33914
4) Change	P/S	Nelson A. Gonzalo	4719 SE 6th Avenue
Add			Cape Coral, F1, 33904
Remove			
5) Change			
Add			
6) Change			
Add			

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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	AH IO: 3
provisions for implementing the amendment if not contained in the amendment itself:	22 9 22 9
(if not applicable, indicate N/A)	10A 100A
	GA

	same as the date this document is signed		
The date of each amendment(s) a date this document was signed.	doption:	_, it other	than the
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be list	ed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.		
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):		
	for the amendment(s) was/were sufficient for approval	19 SE(
by		19 NOV	
	(voting group)	<u> </u>	
	opted by the board of directors without shareholder action and shareholder	22 AM	LEI
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	AM IO: 31 Of State	
Dated	-14-19		
Signatur Sig	director, president or other officer – if directors or officers have not been	_	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)		
	Nelson A. Gonzalo		
	(Typed or printed name of person signing)		
	President/Secretary		
	(Title of person signing)		•