# P18000039849

(R	(equestor's Name)
(A	ddress)
(A	ddress)
(0	Sity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ALPINO AL		CENTER INC	
DOCUMENT NUMBER: P1200003984	<u>.                                    </u>		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
DIANA SANTIAG	SO		
	Name of Contact Person	1	
	Firm/ Company	TED IN O	
ALPINO AUTO C	COLLISION CEN	TER INC	
	Address		
7911 WOODGRO	OVE CIRCLE, TA	AMPA, FL 33615	
	City/ State and Zip Code	e	
LADYDEE187@GM/	AIL.COM		
E-mail address: (to be u	sed for future annual report	notification)	
For further information concerning this matter, plea	se call:	· .	
DIANA SANTIAGO	at (813	9289573	
Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton	Address Iment Section In of Corporations Building	
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation

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### ALPINO AUTO COLLISION CENTER INC

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P12000039849	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Foits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	,
ALL FACES AUTO CARE INC	` The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent			
•	(Florida street address)	<del></del>	
New Registered Office Address:		, Florida	
	(City)	(Zip Co	de)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

ZHIZ AUG -3 P Z:
SECRETARY OF STA

## 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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		-	
Add				-	· · · · · · · · · · · · · · · · · · ·
Remove				•	
2) Change		_			
Add					
Remove					
3 ) Change				_	
Add				_	
Remove					
4) Change	<del></del>	<del></del>	<del></del>	-	
Add					1
Remove					
5) Change		_			·
Add				_	
Remove				,	
6) Change	· · · ·	_		<del>-</del>	
Add					
Remove					

tach additional sheets, if necessary).	eles, enter change(s) here (Be specific)	
		** · · · · · · · · · · · · · · · · · ·
		• •
	•	
n amendment provides for an excha- ovisions for implementing the amen	inge, reclassification, or	cancellation of issued shares,
(if not applicable, indicate N/A)	different in not contained in	the amenoment itself.

The date of each amendment(s	adoption: 07-26-2012
Effective date <u>if applicable</u> :	07-26-2012
<u></u>	(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 c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 07-2	OLANG DA HAGA
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	DIANA SANTIAGO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)