P120000 39980

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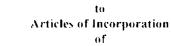


COVER LETTER

TO: Amendment Sect Division of Corpo					
NAME OF CORPOR	RATION: CARRILLO BOD	Y SHOP INC		1. 7	
	BER: P12000039980				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	WILLIAMS CALZADA MARTINEZ				
	_				
	Firm/ Company				
		Address	·-	_	
	HIALEAH, FL 33016				
		City/ State and Zip Code		_	
WILI	EIAMSCALZADA29a,ICLO	UD.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
WILLIAMS CALZADA MARTINEZ at (786) 261-7757					
Name o	of Contact Person	Area Coc	le & Daytime Telephone Numb	er	
Enclosed is a check to	or the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment of



CARRILLO BODY SHOP INC (Name of Corporation as currently filed with the Florida Dept. of State) P12000039980 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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) New Registered Office Address: 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

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 Doc	
X Remove	<u>V</u>	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	VP	OCTAVIO CORDOVA LA ROSA	1565 W 448T ST APT 4
Add			HIALEAH, FL 33012
X Remove			
2) Change		_	
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change	 		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary) (Be specific)	
N/A	
	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issue	d shares,
provisions for implementing the amendment if not contained in the amendment its (if not applicable, indicate NA)	<u>elf:</u>
N/A	
	
	··

The date of each amendment date this document was signed		, if other than th
Effective date <u>if applicable</u> :	MAY 10, 2019	
и пестме часе <u>и арупсаме</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendme ere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following state of for each voting group entitled to vote separately on the amendment(s).	ement
"The number of vote.	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
■ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder.	older
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
05/30 Dated	0/2019	
Signature _	4/10)	
(1 Si	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other eppointed fiduciary by that fiduciary)	
	WILLIAMS CALZADA MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 _