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C. GOLDEN AUG -1 2017.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CORDOVEZ & S	ON BODY SHOP CORP.		_			
	ER:			_			
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:					
		RUBEN E. DORTA					
-		Name of Contact Person	1				
		RUBEN E. DORTA, P.A.					
-		Firm/ Company		1			
	6011 WEST 16 AVENUE						
	Address						
		HIALEAH, FL 33012					
-		City/ State and Zip Cod	e				
		RDORTA@AOL.COM					
	E-mail address: (to be u	sed for future annual report	notification)	_			
.	concerning this matter, pleas		XX1 922	0			
Name o	Contact Person	at (<u>حريح</u> Area Co) <u> </u>	umber			
	the following amount made \$\Bar{\text{S43.75 Filing Fee & Certificate of Status}}\$	payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy	I			
	ing Address		(Additional Copy is enclosed) Address	·			
	idment Section		Iment Section	ı			
	ion of Corporations Box 6327		on of Corporations Building				
			Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

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CORDOVEZ & SON BODY SHOP CORP.

(Name of Co	rporation as current	ly filed with the Flori	da Dept. of Stat	<u>e)</u> - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1
	P1300000231-	t .		- INELLARMOSEELFUR
	(Document Number o	of Corporation (if know	m)	
Oursuant to the provisions of section 607.1006 ts Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corpor	eation adopts the	following amendment(s) to
A. If amending name, enter the new name of	of the corporation:			
name must be distinguishable and contain "Corp" "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp." "Inc." or	"Co". A professional	'incorporated" of corporation name	The new or the abbreviation ne must contain the
B. Enter new principal office address, if ap	plicable:			
Principal office address MUST BE A STRE			 	
				<u>. </u>
				
Enter new mailing address, if applicable				1
(Mailing address MAY BE A POST OFF.	ICE BOX)	<u> </u>		
				
. If amending the registered agent and/or	registered office add	ress in Florida anton		
new registered agent and/or the new reg			the name of the	
Name of New Registered Agent	GABRIELA	JELAMBY		
	203 WEST 22 S	TREET		
	(Florida str	reet address)	<u> </u>	
New Registered Office Address:	HIALEAH		. Florida	33010
		(City)	, 1 10/144_	(Zip Code)
				ď
ew Registered Agent's Signature, if chang hereby accept the appointment as registered	ing Registered Agent agent. I am familiar i	<u>:</u> with and accept the obj	ligations of the p	osition
(Jan Tand	M	vganosia e, me p	
	Signature of New A	Registered Agent, if cha	nging	

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>2T</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	<u>Vlike Jo</u>	<u>nes</u>	
X Add	<u>\$V</u>	<u>Sally Sn</u>	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change	PD		INOCENTE CORDOVEZ	203 WEST 22 STREET
Add				HIALEAH, FL 33010
X Remove				
2) Change	PD		GABRIELA JELAMBY	203 WEST 22 STREET
X Add				HIALEAH, FL 33010
Remove				
3) Change				
Add				
Remove				··· t
4) Change				.
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change		.		
Add				
Remove				,

	sheets, if necessary).	(Be specific)	nge(s) here:			
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pro <u>visions fo</u> r in	plementing the ame	ndment if not o	contained in the	e amendment its	elf:	
(if not applic	able, indicate N/A)	-	-			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president or either officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
- ARESIDEUT	
(Title of person signing)	