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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JVR AUTO SERV	TICE CORP		
DOCUMENT NUME	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	SALVADOR VILLANUEV.	A		
	Name of Contact Person			
	JVR AUTO SERVICE CORP			
		Firm/ Company		
	10122 NW 80 AVE			
	Address			
	HIALEAH GARDENS, FL	33016		
		City/ State and Zip Code	2	
JVR .	AUTOSERVICES@YAHOO	.ES		
	•	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
SALVADOR VILLANUEVA		at (786	443-3665	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment

(

•	Articles of l	Incorporation		
N/A	JVR A	HD Servi	<u></u>	>
Cr.	of Corporation as curre	ntly filed with the Florida I	Dept. of State)	
N/A	10000	051.54		
	(Document Number	r of Corporation (if Known)		
Pursuant to the provisions of section 607.	1006, Florida Statutes, th	is <i>Florida Profit Corporatio</i>	m adopts the following:	
its Articles of Incorporation:				2011 PING
A. If amending name, enter the new na	me of the corporation:			是影
N/A				The Hew =
name must be distinguishable and con "Corp.," "Inc.," or Co," or the design word "chartered," "professional associa	ation "Corp," "Inc," of	r "Co". A professional cor	orporated" or the abb poration name must co	reviduon intain #
B. Enter new principal office address,	N/A		Ψ. -	
(Principal office address MUST BE A STREET ADDRESS)		N/A		~
		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
		N/A		
		N/A		
D. If amending the registered agent an new registered agent and/or the new			name of the	
	N/A	C35.		
Name of New Registered Agent	N/A			
		street address)		
V D : 100 444	N/A	,	maria N/A	
New Registered Office Address:		(City)	, Florida	ode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age ered agent. I am familia	e nt: or with and accept the obliga	itions of the position	
and the second s		and the state of t		

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.

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) X Change	P	ANIA TAMAYO	4525 NW 4TH TER
Add			MIAMI, FL
Remove			33126-5329
2) X Change	VP	SALVADOR VILLANUEVA	10122 NW 80TH AVE
Add			HIALEAH GARDENS, FL
Remove			33016
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(At	amending or adding additional Arti- tach additional sheets, if necessary).	(Be specific)
N/A	•	
•		
	,	
		
		
-		
	• • • • • • • • • • • • • • • • • • • •	
		
		
r it	un amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
<u>p</u>	rovisions for implementing the ame	ndment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
N/A		
	- · · · · · · · · · · · · · · · · · · ·	

	N/A	
The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
N/A	•	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
No. of the second secon		
Note: If the date inserted in this block document's effective date on the Departn	does not meet the applicable statutory filing requirements, this date winent of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by N/A	<u></u>	
-	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
6/30/2017		
Dated	- 	
Signature		
(By a direct)	r, president or other officer – if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
N/A		
N/A		
	(Typed or printed name of person signing)	
N/A		
	(Title of person signing)	