P13000039791

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

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C. LEINIS AUG - 5 2013 EXANNINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CML PAIN	T & BODY SHO	PINC		
DOCUMENT NUM	IBER: P1300003979	1			
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	tter to the following:			
	OLAF ROCA				
· • .	"	Name of Contact Person	1		
	CML PAINT & BODY SHOP INC				
		Firm/ Company			
	13364 NW 42 AV	E .			
;		Address			
	MIAMI, FL 33054				
٠.	<u> </u>	City/ State and Zip Cod	e		
	F-mail address: (to be us	sed for future annual report	notification)		
	E-man address. (to be us	ica for fatare aimaai report	notification,		
For further information	on concerning this matter, pleas	se call:			
OLAF ROCA	4	at (305	785-1445		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or 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)		
	niling Address		Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314			Executive Center Circle		
		Tallah	assee, FL 32301		

Articles of Amendment to Articles of Incorporation

FILED 13 AUG - 1 AM 11: 1.7

CML PAINT & BODY SHOP INC

(Name of Corporation as currently filed with the Florida Dept. of State

P13000039791 (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: 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." **OLAF ROCA** B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 13364 NW 42 AVE MIAMI, FL 33054 C. Enter new mailing address, if applicable: **OLAF ROCA** (Mailing address MAY BE A POST OFFICE BOX) 13364 NW 42 AVE MIAMI, FL 33054 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: **OLAF ROCA** Name of New Registered Agent 4 13364 NW 42 AVE (Florida street address) (City)

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.

Stanature 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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Àdd	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	OLAF ROCA	13364 NW 42 AVE
X Add		,	MIAMI, FL 33054
Remove			
2) X Change	VP	LEONARDO TIMOR	13364 NW 42 AVE
Add			MIAMI, FL 33054
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
,		
 		
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) a	dontion: 07/29/2013	FIL	EDif other than th
date this document was signed.		13 Aug .	
	7/29/2013 (no more than 90 days after a	mendment fileAdate HARY HASSEE	OF STATE FLORIDA
Adoption of Amendment(s)	(CHECK ONE)		, i
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of voifficient for approval.	otes cast for the amendment(s)	
	proved by the shareholders through voting greach voting group entitled to vote separate		ıt.
. "The number of votes cast	for the amendment(s) was/were sufficient for	r approval	
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without share	holder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without sharehold	er action and shareholder	
07/29	9/2013		
Signature ·	9/2013 (/alo)		
selecte	lirector, president or other officer – if director, by an incorporator – if in the hands of a related fiduciary by that fiduciary)		
	ÒLAF ROCA		
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name of	of person signing)	
	PRESIDENT		
,	(Title of person s	igning)	