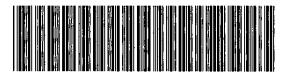
P13000043312

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Division of Corporations NAME OF CORPORATION: Y & B PROFESSIONAL REPAIR SERVICE CORP. P13000043312 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANA HERNANDEZ Name of Contact Person S. LLANIO BUSINESS SERVICE Firm/ Company <u>5</u>T CAPE CORAL, FL 33904 City/ State and Zip Code s.llaniobusiness@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239 542-9104 Area Code & Daytime Telephone Number ANA HERNANDEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing,Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O., Box 6327
Tallahassee, Fl. 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2013

ANA HERNANDEZ 1325 SE 47 ST., UNIT H CAPE CORAL, FL 33904

SUBJECT: Y & B PROFESSIONAL REPAIR SERVICE CORP

Ref. Number: P13000043312

We have received your document for Y & B PROFESSIONAL REPAIR SERVICE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 013A00022425

Division of Comparations DO DOY 6997 Tollahassas Florida 99914

Articles of Amendment to Articles of Incorporation of

Y & B PROFESSIONAL REPAIR SERVICE CORP.

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

| P130000 |)43312 | | | |
|---|-------------------------------------|-------------------------------------|--|----------------------|
| (Document Number of Corpo | ration (if known) | | | |
| Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation: | tes, this <i>Florida Profit</i> (| Corporation ado | pts the following a | mendment(s |
| A. If amending name, enter the new name of the corpora | tion: | | | |
| | ING CO. INC. | | | ie new |
| name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc word "chartered," "professional association," or the abbrev | c," or "Co". A profes. | " or "incorpore sional corporati | ated" or the abbr ion name must con | eviation tain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS | | | | |
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| | | | | . 0 |
| C. Enter new mailing address, if applicable: | | | , | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | $-\infty$ Γ |
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| D. If amending the registered agent and/or registered off | | enter the name | of the | Ŋ |
| new registered agent and/or the new registered of fice | address: | | | |
| Name of New Registered Agent | | | | |
| (5) | | | | |
| (P | loridu street address) | | | |
| New Registered Office Address: | (City) | , Florida | (Zip Code) | |
| • | (0.09) | | (Esp Couc) | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for | d Agent: amiliar with and accept | the obligations | of the position. | |
| Signature of New Pers | istered Agent if changi | na | | |

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)

Example:

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 | PT | John Doe | |
|-------------------------------|------------|----------------------|---------------------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) X Change | <u>P</u> | YOSVEL ZEDENO TORRES | 919 UNICE AVE N |
| Add | | | LEHIGH ACRES, FL 33971 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | ** |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach add | ditional sheets | additional Ar if necessary). IDENTIF | (Be specif | îc) | | 2793253 | |
|---|-----------------------------------|---|--|--|----------------|-----------------|---------------------------------------|
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| If an ame | ndment provi | ides for an exc | hange, recla | ssification, or | r cancellation | of issued share | <u>.s.</u> |
| provision (if no | ns for implem ot applicable, i | enting the am indicate N/A) | endment if n | ot contained | in the amendi | nent itself: | |
| | | | <u></u> | | | | |
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| The date of each amendment | t(s) adoption: 09/06/2013 | , if other than the |
|--|---|---------------------|
| date this document was signed Effective date if applicable: | 09/06/2013 | <u> </u> |
| | (no more than 90 days after amendment file date) | ····· |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/wei by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. | |
| | re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes | s east for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and shareholder | |
| DatedO | 9/06/13 | |
| Signature 🚄 | Stone. | |
| se | x addirector, president or other officer—if directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) | |
| | YOSVEL ZEDENO TORRES | |
| | (Typed or printed name of person signing) | * |
| | PRESIDENT | |

(Title of person signing)