P13000045211

(Rec	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

		SPECIALISTS INC	
DOCUMENT NUMBER: P1300004521	1		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:	•	
Joseph Villate			
	Name of Contact Person	n	
Joseph Villate CF	PA		
	Firm/ Company		
12240 SW 3RD 7	ERR		
	Address		
Coral Gables, FL	33134		
	City/ State and Zip Cod	e	
VillateCPA@bellsout	h.net		
	ed for future annual report	notification)	
For further information concerning this matter, pleas	e call:		
Joseph Villate	_{at (} 305	541-4714 de & Daytime Telephone Number	
Name of Contact Person	Area Co-	de & Daytime Telephone Number	
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:	
■ \$35 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	Street	Address	
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PROFESSIONAL COLLISION SPECIALISTS INC.

(Name of Corporation as	currently filed with the Florida Dept. of	State)	
P13000045211			
(Documer	nt Number of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit	Corporation adopts the following amendm	ent(s) to
A. If amending name, enter the new na	ame of the corporation:		
		The ne	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company, nation "Corp," "Inc," or "Co". A profes ntion," or the abbreviation "P.A."	" or "incorporated" or the abbreviation is sional corporation name must contain the sional contain the side of the	n e
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		AUG -7 PM 3: 52	FILED
D. If amending the registered agent an new registered agent and/or the new		enter the name of the	
Name of New Registered Agent	Name of New Registered Agent David Madruga Del Cueto		
	18310 S DIXIE HWY		
	(Florida street address)		
New Registered Office Address:	Miami	Florida 33157	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent: ered 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> <u>Jo</u>	ohn Doe			
X Remove	<u>V</u> <u>N</u>	Mike Jones			
<u>X</u> Add	<u>SV</u> <u>S</u>	ally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	HELIO ROQUETA	12240 SW 3RD TERR		
Add			Miami, FL 33184		
X Remove					
2) Change	VP	GIRALDO GARCET	18681 SW 105TH PL		
Add			Miami, FL 33157		
X Remove					
3) Change	P/S	David Madruga Del Cueto	18310 S DIXIE HWY		
X Add			Miami, FL 33157		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
 Remove					

ttach <i>additional shee</i>	ets, if necessary).	(Be specific)			
					
		······································			
		•			,
an amendment pro	vides for an exch	ange, reclassif	ication, or can	cellation of issued	d shares.
rovisions for imple	menting the ame	ndment if not	contained in the	e amendment itse	elf:
(if not applicable	, maicate N/A)				
					
		_			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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	
Signature	
(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)	
David Madruga Del Cueto	
(Typed or printed name of person signing)	
President	

(Title of person signing)