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C. LEWIS APR 24 2014 EXAMINER



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2014

DAMARIS CYNTHIA TELLO / PROFESSIONAL COLISION SPECIALIS 18310 S. DIXIE HWY.
MIAMI, FL 33157 US

SUBJECT: PROFESSIONAL COLLISION SPECIALISTS INC

Ref. Number: P13000045211

We have received your document for PROFESSIONAL COLLISION SPECIALISTS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The amendment must be adopted in one of the following manners:

# (1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the

shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

## (2)If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

You do not need to file the resignation for the officer. If you wish to file that as well. It will cost another \$35.00.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 714A00007977

#### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PROFESSIONAL COLLISION SPECIALS.  DOCUMENT NUMBER: P. 130 .000 . 45.211.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Damaels Anthratello Name of Contact Person Protessional Collision Spaintst Firm/ Company  18310 S. CIXIE Huy.  Address  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dandis Tello at (205) 966 2056  Name of Contact Person at (206 & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S43.75 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

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

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

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#### **Articles of Amendment**

14 APR 28 AMIL: no

1	10		TAMINED WITH 02
$\sim$	Articles of Incorporation	n	PERMITTING OF A TALL
Professional		Souch	SECRETARY OF STATE JALGAHASSEE, PLORIDA
Nome of Company in an automatic	TO 115 OF	1 - (54-4)	ICITIS" INC
(Name of Corporation as currently	y filed with the Florida Dep	or State)	
V 130 000 US	5 211		
(Document Number	r of Corporation (if known)		
(Document Nutriber	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Florida Pr</i>	ofit Corporation add	opts the following amendment(s) t
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the			The new
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	the abbreviation "P.A."	rofessional corporat	ion name must contain the
B. Enter new principal office address, if applicate Principal office address MUST BE A STREET A			
Timesput office duminess MOOT BETT STREET I	i <del>DDRESS</del> )		
C. Enter new mailing address, if applicable:	P.O.V.		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )		
D. If amending the registered agent and/or regi		rida, enter the name	e of the
new registered agent and/or the new register	red office address:		
Name of New Registered Agent	imaris Te	110	
2/3	144 500 122	$\sim 01$ .	
2.0	(Florida street address)	<del></del>	
_	•		10
New Registered Office Address:	11 am;	, Florida_	<u></u>
	(City) / '		(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age		ccept the obligations	of the position.
//	Va.K.		•
Signatu <b>y</b> e o	New Regimered Agent, if ch	anging	
$\nu$	/ <u> </u>		
	▼		

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	PT John I	<u>)oe</u> .	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)  1) Change Add	Title PS	David Madruga-del Cueto	Address  17255 SW 95th  ane APt D251
Remove  2) Change  Add	<u>B</u>	Damaris Tello	Miami FL 33157 21244 SW 123 PL Miami FL 33177
Remove 3) Change Add	<u>V</u>	Maria Tello	17350 SW 193 rd s miami FL
Remove  4) Change Add Remove	_		33177
5) Change Add Remove			
6) Change Add Remove	<del></del> .	<u> </u>	<u> </u>

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### 14 APR 28 AMII: 09

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	SEUNCIARY UI SIDARE TALLAHASSEL FLORIDA
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	HEGKONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient to	te shareholders. The number of votes cast for the amendment(s) r approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	endment(s) was/were sufficient for approval
by	
,	oting group)
The amendment(s) was/were adopted by action was not required.	ne board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	e incorporators without shareholder action and shareholder
<b>Parel</b> 419	9/14.//
Signature	last.
selected, by an	sident or the rofficer indirectors or officers have not been corporator — if in the hands of a receiver, trustee, or other court ary by that fiduciary)
	Damels Cinthia Tello (Aypedor-printed namieror person signing)
(	Prosident himas

(Intile of person strains)