# P14000038129

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: A+AUTO S	ALES, BODY & I	MECHANIC, INC
DOCUMENT NUMBER: P1400003812		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
ANTONIO JEAN	CHARLES	
<del></del>	Name of Contact Persor	1
A+AUTO SALES	·	HANIC,INC.
	Firm/ Company	
4701 SW 45TH S	STREET BLD 17	BAY 15
	Address	
DAVIE FLORIDA	, 33314	
	City/ State and Zip Cod	e
ANTONIOCHRL@Y	AHOO.COM	
_	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
ANTONIO JEAN CHARLES	786	487-8245
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## **Articles of Amendment** Articles of Incorporation



### A+AUTO SALES, BODY & MECHANIC, INC.

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

## A+ALITO SALES BODY & MACHANIC INC

nent(s) to

(Document	Number of Corporatio	n (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, t	nis Florida Profit Corporation adopts the following ame	:ndmei
A. If amending name, enter the new name SAME	ne of the corporation	·	new
name must be distinguishable and conto "Corp.," "Inc.," or Co" or the designa- word "chartered," "professional associate	ition "Corp," "Inc," (	ntion," "company," or "incorporated" or the abbrev or "Co". A professional corporation name must conta on "P.A."	iation in the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4701 SW 45th Street	
		BLD 17 BAY 15	
		DAVIE FL 33314	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C			
D. If amending the registered agent and new registered agent and/or the new		nddress in Florida, enter the name of the	
Name of New Registered Agent		AN CHARLES	
Rame of New Yegister earrigem	4701 SW 45th	Street BLD 17 BAY 15	
	(Florid	a street address)	
New Registered Office Address:	DAVIE		
,	(	City) (Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		eent: in with and accept the obligations of the position.	

Page 1 of 4

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 <math>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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	nes	
_X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove			•	
2) Change		_		
Add			·	
Remove				
3) Change				
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
I AM CHANGING THE ADDRESS ONLY FROM 14249 NW 7TH AVE MIAMI FL 33168
TO: 4701 SW 45th Street BLD 17 BAY 15 MIAMI FL, 33314 AND ALSO YOU HAVE
MADE A MISTAKE ON THE ADDRESS FOR IRAME JEAN CHARLES THE TREASURI
1026 SE ALBATROSS AVE PORT SAINT LUCIE FL,34983
E. If an arrandoment arrandom for a real part of the state of the stat
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)  N/A

The date of each amendment	(s) adoption: 05/12/2014	_, if other than the
date this document was signed	•	
Effective date if applicable:	05/15/2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/webby the shareholders was/webby	re adopted by the shareholders. The number of votes east 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 cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_05/	12/2014	
Signature _		
(I	By a director, 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	
a	ppointed fiduciary by that fiduciary)	
	ANTONIO JEAN CHARLES	_
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)