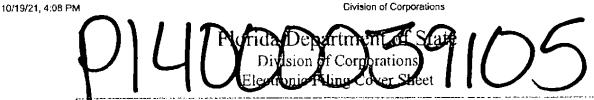
Givision of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003898953)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305)444-4994

Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN JOSE LUIS MUFFLER INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

OCT 2 0 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

	•		ÄLI
			<u>></u>
	Articles of Amendment		As
	to		, in
	Articles of Incorporation of		Ĺ
	JOSE LUIS MUFFLER INC		
(Name of	Corporation as currently filed with the Flo	rida Dept. of State)	
<u></u>	P14000039105		Q
	(Document Number of Corporation (if kn	own)	
Articles of Incorporation:			
If smending name, enter the new par	me of the corporation:		
If pmending name, enter the new parame must be distinguishable and contain time," or Co.," or the designation "Cochartered," "professional association," of Enter new principal office address. if Principal office address MUST BE A ST	the word "corporation," "company," or "inco orp," "Inc," or "Co". A professional corp or the abbreviation "P.A."	rporated" or the abb. poration name must	The new reviation "Corp.," contain the word
me must be distinguishable and contain to me.," or Co.," or the designation "Cocharlered," "professional association," or Enter new principal office address. If rincipal office address MUST BE AST	the word "corporation," "company," or "inco orp," "Inc," or "Co". A professional corp or the abbreviation "P.A." [annlicable: REET ADDRESS	rporated" or the abb. voration name must	reviation "Corp.,"
me must be distinguishable and contain t inc.," or Co.," or the designation "Co chartered," "professional association," of Enter new principal office address, if	the word "corporation," "company," or "incoprp," "Inc," or "Co". A professional corporation "P.A." [applicable: "REET ADDRESS)	rporated" or the abb. poration name must	reviation "Corp.,"
me must be distinguishable and contain to" or Co.," or the designation "Coharlered," "professional association," of Enter new principal office address, if rincipal office address MUST BE A ST. Enter new mailing address, if application address MAY BE A POST Of Mailing MAI	the word "corporation," "company," or "incoorp," "Inc," or "Co". A professional corpor the abbreviation "P.A." [applicable: "REET ADDRESS") [able: DFFICE BOX]	poration name must	reviation "Corp.,"
me must be distinguishable and contain to me," or Co.," or the designation "Coharlered," "professional association," of Enter new principal office address, if rincipal office address MUST BE A ST. Enter new mailing address, if applied (Mailing address MAY BE A POST Office) If amending the registered agent and new registered agent and/or the new	the word "corporation," "company," or "incoorp," "Inc," or "Co". A professional corpor the abbreviation "P.A." [applicable: "REET ADDRESS") [able: DFFICE BOX]	poration name must	reviation "Corp.,"
me must be distinguishable and contain to me," or Co.," or the designation "Coharlered," "professional association," of Enter new principal office address, if rincipal office address MUST BE A ST. Enter new mailing address, if applied (Mailing address MAY BE A POST Of Mailing address MAY BE A POST OF MAIL MAIL MAIL MAIL MAIL MAIL MAIL MAIL	the word "corporation," "company," or "incoppy," "Inc." or "Co". A professional corporation "P.A." [applicable: [FEET ADDRESS] [able: [FFICE BOX] [Jor registered office address in Florida, entreprisered office address: JOSE L RIVERA	poration name must	reviation "Corp.,"
me must be distinguishable and contain to.," or Co.," or the designation "Coharlered," "professional association," of Enter new principal office address, if rincipal office address MUST BE A ST. Enter new mailing address, if applied (Mailing address MAY BE A POST Of Mailing MAIL	the word "corporation," "company," or "inco prp," "Inc," or "Co". A professional corp or the abbreviation "P.A." [applicable: [REET ADDRESS] [able: [PFICE BOX] [Able: [Price Box] [Ab	poration name must	reviation "Corp.,"
me must be distinguishable and contain to me.," or Co.," or the designation "Co-hartered," "professional association," or Enter new principal office address. if rincipal office address MUST BE AST. Enter new mailing address, if applied (Mailing address MAY BE A POST Office) [I amending the registered agent and new registered agent and/or the new	the word "corporation," "company," or "inco orp," "Inc," or "Co". A professional corp or the abbreviation "P.A." [applicable: [REET ADDRESS] [able: [PFICE BOX] [Joyr registered office address in Florida, ent registered office address: JOSE L RIVERA 2595 NW 37 STREBT #9	poration name must	reviation "Corp.,"

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

From, Yanet Avila

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 = Chairmon or Clark; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office heid President. Treasurer, Director would be PTD.

Charges 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 Dee	
X Remove	<u>v</u>	Mike Iones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	Þ	JOSE L RIVERA	2595 NW 37 STREET #9
Add			MIAMI, FL 33142
Remove	P	CANDIDA C RIVERA	2421 NW 3RD STREET
2) Change Add			MIAMI, FL 33125
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove	•		
5) Change			
Add			
Remove			
δ)Change			
Ad d			
Remove			

	g or adding additional fi itional sheets, if necessary	v). (Be specific)	•			
		 .				
					_	
						
						·
						
	···		~			
		. .				
						
	<u> </u>					
				-		-
		<u> </u>				
an amer	idment provides for an	exchange, reciass	ification, or can	cellation of issue	d shares,	
provision	s for implementing the	amendment if not	t contained in th	e amendment it	<u>ælf:</u>	
(lf no	t applicable, indicate N/A)				
						^~
						

From: Yanet Avile

	10/18/2021	Service and a service
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
	10/18/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	(file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing rec partment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pited by the incorporators, or board of directors witho	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	pted by the shareholders. The number of votes cast fifficient for approval.	for the amendment(s)
must be separately provided for	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the of for the amendment(s) was/were sufficient for approv	amendmeni(s):
by	100 %	CRE CRE
· · · · · · · · · · · · · · · · · · ·	(voting group)	PIL 2021 OCT 19 SECRETARY ALLAHASSE
•	0/18/2021	E ~ 6
Dated	W16/2021	
Signature &	tolain tuakinera	icers have not been OP
(Bynd	irector, president or other officer - if directors or offi	cers have not been
selecte	d, by an incorporator - if in the hands of a receiver, to	nustee, or other court > N
арроіл	ted fiduciary by that fiduciary)	
	CANDIDA C RIVERA	
	(Typed or printed name of person signing	3)
	PRESIDENT	
	(Title of person signing)	