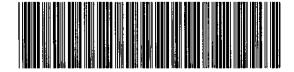
PIUCOSHIG

	(Requestor's Name)
	(Address)
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SECRETARIAS PARA SER PLOSIDA

And

JUN 09 2015 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: NEW TECH AUT	O REPAIR CORP	
DOCUMENT NUME	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	NATHANIEL NIEVES		
		Name of Contact Perso	n
	9769 S ORANGE BLOSSON	Firm/ Company M TRAIL STE 36	
	ORLANDO FL 32837	Address	
		City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
Name o	of Contact Person	at (at) de & Daytime Telephone Number
	r the following amount made		· · · · · ·
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	fing Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

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15 JUN -1 FX 3:33

SECRETARINE TIATE

(Name of Corporation as	s currently filed with the Flo	orida Dept. of State)
P14000054769		32
(Document)	Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida Stat ts Articles of Incorporation:	tutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:	
N/A		The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "It word "chartered," "professional association," or the abbra	Inc," or "Co". A profession	r "incorporated" or the abbreviation
Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>N/A</u>	
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	N/A	
	N/A	
If amending the registered agent and/or registered of new registered agent and/or the new registered office.		er the name of the
NATHANIEL N	ΠEVES	
6485 ROYAL TI	ERN ST	
	(Florida street address)	
New Registered Office Address: ORLANDO		, Florida
	(City)	(Zip Code)

I hereby accept the appointment as registered 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.

<u>PT</u>	John Doe		
<u>v</u>	Mike Jones		
<u>sv</u>	Sally Smith		
<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
VP	GAMBOA NORBERTO	3222 STONEHURST CIR	
		KISSIMMEE FL 34741	
		N/A	
VP	TROMPIZ JAVIER D	3222 STONEHURST CIR	
		KISSIMMEE FL 34741	
		N/A	
P	NATHANIEL NIEVES	6485 ROYAL TERN ST	
		ORLANDO FL 32810	
		N/A	
N/A	N/A	N/A	
	· · · · · · · · · · · · · · · · · · ·	N/A	
		N/A	
N/A	N/A	N/A	
	-	N/A	
		N/A	
N/A	N/A	N/A	
		N/A	
		N/A	
	V SV Title VP P N/A	V Mike Jones SV Sally Smith Title Name VP GAMBOA NORBERTO TROMPIZ JAVIER D N/A N/A N/A N/A N/A N/A	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) ARTICLE VII - OFFICERS AND DIRECTORS
Delete: VP Norberto J Gamboa
Delete: VP Javier D Trompiz
ADD: Pres NATHANIEL NIEVES
N/A
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) NORBERTO GAMBOA AND JAVIER TROMPIZ ARE SELLING TO NATHANIEL NIEVES THE 100% (one-hundred
percent) of the company shares and ownership of the corporation, this negociation was made May 20th 2015
N/A

. .

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 cast 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.
05/28/2015
Signature Variance Views
(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)
Nathoniel Nieues
(Typed or printed name of person signing)
- roundous
(Title of person signing)