P14000068173

(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
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(Bu	ısiness Entity Nar	me)	
(Document Number)			
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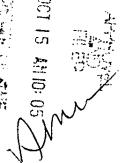
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T. LEMIEUX



COVER LETTER

TO: Amendment Section
Division of Corporation
•
NAME OF CORPORATION

NAME OF CORPORATION: HI-TECK Auto Collision IVC.

DOCUMENT NUMBER: P140000 68173

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Firm/Company

6851 CAIVERT AVE.

Address

NEW PORT Richey Fl 34655

City/State and Zip Code)

Fritzbuzaw@ G Mail. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FIRE F. BUZAN at (813) 3/2 2735

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee
Certificate of Status
Certified Copy
(Additional copy is enclosed)

S35 Filing Fee & Certified Copy
(Additional Copy is enclosed)

Certified Copy
(Additional Copy is enclosed)

Mailing Address

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

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

P.S. Thankyru gudy.

Articles of Amendment

to
Articles of Incorporation

HI-JECH Auto Collision INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P140000 68173	
(Document Number of Corporation (if known)	•
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/Δ	The new
name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abliation, "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must coword "chartered," "professional association," or the abbreviation "P.A."	reviation ntain the
B. Enter new principal office address, if applicable: **Mathematical Company of the Company of	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent N A	
Name of New Registered Agent	
Name of New Registered Agent MA A	
New Registered Office Address: New Registered Office Address: (City), Florida (Zip Code)	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
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	
Signature of New Registered Agent, if changing	: 8

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 D	<u>00e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
\underline{X} Add	<u>SV</u> <u>Sally S</u>	<u>inuth</u>	
Type of Action (Check One)	Title	Name	Address
Change Add Remove	PID	Rios, WALDABERto	JAMPA, FL 33618
2) Change	PTO	Rios, WADAL BERTO	2651 Orangethe Loop TAMPA, F1 33618
Remove 3) Change Add			
Remove 4) Change Add			
Change Add			
6) Change Add Remove			

	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary) (Be specific)
MEN	Iding NAME Rios, WALDABERTO
To	Rios, WADALBERTO
	Rios, WADALBERTO
provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions 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: $\frac{D-12/14}{4}$ 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 10/12/2014	
Signature M	
(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)	
(Typed or printed name of person signing)	
Title of person signing)	

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