

P14000074168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

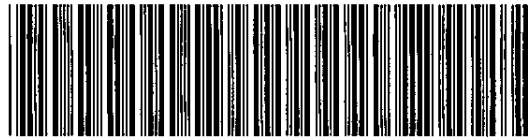
(Business Entity Name)

(Document Number)

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09/17/14--01020--008 \*\*35.00

APPROVED  
AND  
FILED

14 OCT 14 PM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 17 2014  
TJEMIEUX

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BERACA AUTO SALES INC

DOCUMENT NUMBER: P14000074168

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

Please return all correspondence concerning this matter to the following:

Onan Amador

Name of Contact Person

BERACA AUTO SALES INC

Firm/ Company

15435 SW 36 Terrace

Address

Miami FL 33185

City/ State and Zip Code

beracaautosales@gmail.com

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

For further information concerning this matter, please call:

Onan Amador

Name of Contact Person

at ( 786 ) 512-3072

Area Code & Daytime Telephone Number

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2014

ONAN AMADOR  
15435 SW 36 TERR  
MIAMI, FL 33185

SUBJECT: BERACA AUTO SALES, INC.  
Ref. Number: P14000074168

We have received your document for BERACA AUTO SALES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or director sign the amendment.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 414A00020689

RECEIVED  
14 OCT 14 PM 3:47  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

BERACA AUTO SALES INC

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

P14000074168

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:

(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

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>Marco Martinez</u>	<u>13380 SW 5 Street</u>
<input type="checkbox"/> Add			<u>Davie, FL 33325</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Gerardo Diaz</u>	<u>7721 SW 19 Street</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33155</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>Onan Amador</u>	<u>15435 SW 36 Terrace</u>
<input type="checkbox"/> Add			<u>Miami, FL 33185</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>S</u>	<u>Yolany Amador</u>	<u>15435 SW 36 Terrace</u>
<input type="checkbox"/> Add			<u>Miami, FL 33185</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>T</u>	<u>Maria Obando</u>	<u>13380 SW 5 Street</u>
<input type="checkbox"/> Add			<u>Davie, FL 33325</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

Gerardo Diaz - P - 90%

Marco Martinez - V - 5%

Onan Amador - S - 5%

The date of each amendment(s) adoption: 09/12/2014 if other than the 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 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.

Dated \_\_\_\_\_

Signature \_\_\_\_\_  
(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)