P14000085421

(F	Requestor's Name)	
(F	Address)	
· (F	Address)	
(0	City/State/Zip/Phone #)	
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(E	Business Entity Name)	
	Document Number)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ORTA AUTOMO	FIVE REPAIR CENTER, I	NC.
DOCUMENT NUMBE			
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Б	ANNY ORTA		
-		Name of Contact Person	1
C	RTA AUTOMOTIVE REP	ASIR CENTER, INC.	
		Firm/ Company	
7	020 AMBROSIA LANE#1	• •	
-		Address	
N	APLES, FL. 34119		
····		City/ State and Zip Cod	e
DANN	YORTA@LIVE.COM		
	<u> </u>	sed for future annual report	notification)
	,	•	,
For further information	concerning this matter, pleas	se call:	
DANNY ORTA		at (269-5196
Name of	Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
		1	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301



Articles of Amendment to Articles of Incorporation of

(Name	of Corporation as current	ly filed with the Florida Dept. of State)
P14000085421		
 	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if anniliashia.	N/A
(Principal office address <u>MUST BE A S</u>		
		
		
C. Enter new mailing address, if appl		N/A
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	WA
 If amending the registered agent as new registered agent and/or the ne 		
Name of New Registered Agent	N/A	_
<u>Name oj New Registerea Agent</u>		
	(Florida s	reet address)
	NJ/A	,
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if o		
nereoy accept the appointment as regis	ierea ageni. I am Jamiliar	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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	BARREDA, JOANA V.	7020 AMBROSIA LANE #1106
X Add			NAPLES, FL. 34119
Remove	,		<u></u>
2) Change	VP	LUNDRY, BRIEN W	11574 FOREST MERE DR.
Add			BONITA SPRINGS, FL. 34135
Remove 3) Change	VP	CHANEY, TYLER	11543 CHAPMAN AVE.
Add			BONITA SPRINGS, FL. 34135
X Remove			
4) Change			
Add			***************************************
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
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C If an amandament musches for an arch	
provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
N/A	

· · · · · · · · · · · · · · · · · · ·	
	

The date of each amendment(s) adoption:,	if other than the
date this document was signed.	
Effective date if applicable:	· · · · · · · · · · · · · · · · · · ·
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 document's effective date on the Department of State's records.	be listed as the
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)	
(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.	
06-22-2015 Dated	
Signature D - S. Cll.	
(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)	
DANNY ORTA	
(Typed or printed name of person signing)	19-2-19-1-19-1-19-1-19-1-19-1-19-1-19-1
PRESIDENT	
(Title of person signing)	<u> </u>