P150000002168

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Amendaus

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Jonathan'S Body Shop, Corp. DOCUMENT NUMBER: 715000002168 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: hosvel C. Guerra

Name of Contact Person Jonathan's Body shop, corp. 3520 NW 54 ST Address Miami, FL 33142
City/State and Zin Code nathanbody Shap @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **\$43.75** Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Articles of Amendment to Articles of Incorporation of

Jonathan's Body shop	, COrp.	
(Name of Corporation as currently to	iled with the Florida Dept. of State)	7 S
P15000002168		<u> </u>
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the fo	llowing amendment(
A. If amending name, enter the new name of the corporation:	1/2	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3520 NW 54 Miami, FL 33	5T 1142
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	3520 NW 54 Miami, FL	<u>5T</u> 33142
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent VIA		·
(Florida stree	et address)	**************************************
New Registered Office Address:		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		•
Signature of New Re	gistered 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 Do	<u>oe</u>				
X Remove	<u>V</u>	Mike Jo	ones				
X Add	<u>sv</u>	Sally Sr	<u>mith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s		
1) Change	<u>\</u>	_	Ernesto	L. Hernon	dcs	8330 SW	36 ST
Add					Mig	ami, FL 331:	55
X Remove							
2) Change							
Add							
Remove							
3) Change							
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		_					
Add							
Remove							
6) Change							
Add							
Remove							

	ets, if necessary).	(Be specific,				
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						,
						
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f an amendment pro	ovides for an exc	hange, reclass	ification, or can	cellation of issue	d shares.	
	ementing the ame	<u>endment if no</u>	t contained in th	<u>ie amendment its</u>	elf:	
provisions for imple	e, maicaie ma)					
provisions for imple (if not applicabl	,					
provisions for imple		NIA	<u> </u>			
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provisions for imple		NIA				
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provisions for imple		NIA				

The date of each amendment(s) adoption:date this document was signed.	_, if other than the
Title of the day to the state of the state o	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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.	
Signature (By a director) president or other officer – if directors or officers have not been	
selected, by in incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Thosvel clemente Guerra (Typed or printed name of person signing)	
President (Title of person signing)	