P15000006818

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·	COVERLETTER	
Amendment Section Ortega Conversions	Care, Inc.	
Amendment Section Ortega Corporations Ortega Corporation Ortega C	18 see are submitted for filing.	
Division of Co. Ortego	cerning this matter to the	
Amendment Corporation Oriega Corporation of Corporation Oriega Corpora	Cerning this matter Name of Contact Person P.A. Firm Company	
Please returned	Deas, P.A. Firm Cont.	
	Blyd.	
2215	River Florida 32204 City State and Life Knowledge City State and Life City State and L	iion)
	alex@deaslaw.com alex.@deaslaw.com (10 be used for future annual	Number Number
	River L. Florida 32204 City State and Lip Area Cod Area Cod Area Cod	387-9292 & Dayrime Telephone Number
	Area Concerning this matter at Area Constitution concerning this matter at Area Constitution concerning this matter at Area Constitution concerning this matter at the Area Constitution concerning	arment of State. arment of State. S52.50 Filing Fee Certificate of Status Certificate Copy
For further infort	alex@deass. (In E-mail address: (In E-mail add	SS2.50 Filing Fee Certificate of Status Certified Copy Certified Copy (Additional Copy anclosed)
Alexandra Dea	Name of Contact Person Name o	s (Additional) is enclosed)
Enclosed is	Certificate of Star enclose	Street Address Street Address Amendment Section Amendment Section Corporations Division of Corporations Division of Tallahassee The Centre of Tallahassee The Centre of Tallahassee
S35		Street Adment Section Amendment Section Amendment Section Division of Corporations The Centre of Tallahassee The Centre of Street, Suite 2415 N. Monroe 32303 Tallahassee, FL 32303
	Mailing Address Mailing Address Amendment Section Amendment Section Corporations Division of Corporations Division of El 32314	Tallahass
	Division of 6327 P.O. Box 6327 P.O. Box 6327 Tallahassee, FL 32314	

>: Amendment Section Division of Corporations NAME OF CORPORATION: Ortega Car Care,	COVER LETTER
DOCUMENT NUMBER: P15000006818	
The enclosed Articles of Amendment and fee are s	ubmitted for filing
Please return all correspondence concerning this m	atter to the following:
Alexandra Deas	
Alexandra L. Deas, P.A.	Name of Contact Person
11	Firm/ Company
2215 River Blvd.	
Jacksonville, Florida 32204	Address
	City/ State and Zip Code
alex@deaslaw.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	se call:
Alexandra Deas	at (904) 387-9292
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 Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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	Articles of Amendment
	l to
	Articles of Incorporation
Ortega Car Care, Inc.	of
(Name of C	Name of the second seco
P15000006818	Corporation as currently filed with the Florida Dept. of State)
	_
Pursuant to the provide	(Document Number of Corporation (if known)
its Articles of Incorporation:	5, Florida Statutes, this Florida De C. C.
A Is-	5, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of N/A	of the corneration.
name must be distinguishable and contain the w	rord "corporation," "company," or "incorporated" or the abbreviation "Corp.," e abbreviation "P 4"
"chartered," "professional and "Corp,"	rord "corporation," "company," or "incorporated" or the abbreviation "Corp.," e abbreviation "P.A."
Projessional association," or the	abbreviation "P.A."
B. Enter new principal office address, if appi	licable: N/A
(Principal office address MUST BE A STREE	TADDRESS
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	FROV
	<u> </u>
;	
1	0;
D. If amending the registered agent and	
new registered agent and/or the new register	istered office address in Florida, enter the name of the
Name of New Registered Agent N/A	the address:
Acgistered Agent	
	(Florida street address)
New Registered Office Address:	
	(City) Florida
-1	(Zip Code)
lew Registered Agent's Signat	
hereby accept the appointment as registered against	gistered Agent:
I I	egistered Agent: I am familiar with and accept the obligations of the position.
	garrions by the position.
	N/A
Signo	ature of New Panis
teck if applicable	ature of New Registered Agent, if changing
The amendment(s) is/are being filed pursuant to s. 6	507.0120.610.4
r walk tojs. e	.0120 (11) (e), F.S.
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11	1
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address of each Officer (Attach additional sheet Please note the officer/a P = President; V = Vice Executive Officer; CFO President, Treasurer, Di Changes should be note a change, Mike Jones le Mike Jones, V as Remov Example: X Change	r and/or Director being added: s, if necessary) lirector title by the first letter of the officer President; T= Treasurer; S= Secretar = Chief Financial Officer! If an officer lirector would be PTD. d in the following manner, Currently Jeaves the corporation, Sally Smith is nate, and Sally Smith, SV as an Add. PT John Doc	the name of each officer/director being removed and title, name, and ce title: y: D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief/director holds more than one title, list the first letter of each office held. Sohn Doe is listed as the PST and Mike Jones is listed as the V. There is med the V and S. These should be noted as John Doe, PT as a Change,
X Remove	<u>V</u> <u>Mike Jones</u>	
_X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	V / D Andrew Dobson	4522 Appleton Ave.
Add		Jacksonville, FL 32210
X Remove		
2) Change		
Add		
Remove 3) Change		
Add		
Remove		
4) Change		
Add		~~~
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove	'	
	11 1	

E. If amending or as (Attach additional	adding additional Articles, enter change(s) here: I sheets, if necessary). (Be specific)	
_		
N/A		
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	<u>!</u>	
		<u></u>
	 	
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		· <u>-</u>
		
F. If an amendment	nt provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provisions for it</u> (if not applic	implementing the amendment if not contained in the amendment itself: icable, indicate N/A)	
	il I	
N/A	11 1	
		

The date of each amendment(s) adoption:	n the
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 document's effective date on the Department of State's records.	s the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
■ 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	
Dated S - 25! - 20 20 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) Paul E. Smith	
(Typed or printed name of person signing) Director	
(Title of person signing)	