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(Re	equestor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VIERA TRUCK REPAIRS, INC.				
DOCUMENT NUM	BER: P1500001526	6		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ANGEL VIERA G	ATO		
		Name of Contact Persor	1	
	VIERA TRUCK R	REPAIRS, INC.		
		Firm/ Company		
	10653 W OKEEC	CHOBEE RD SU	ITE 7	
		Address		
	HIALEAH GARD	ENS FL 33018		
		City/ State and Zip Code	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
ANGEL VIE	RA GATO	at (305	、926 - 5435	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Eliciosed is a clicck in	of the following amount made	payable to the Florida Dept	union of but.	
■ \$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)	
Mailing Address		Street	Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
		Tallahassee, FL 32301		

Articles of Amendment Articles of Incorporation

VIERA TRUCK REPAIRS, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P15000015266 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A 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." 10653 W OKEECHOBEE RD SUITE 7 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) HIALEAH GARDENS FL 33018 C. Enter new mailing address, if applicable: 10653 W OKEECHOBEE RD SUITE 7 (Mailing address MAY BE A POST OFFICE BOX) HIALEAH GARDENS FL 33018 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)

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

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 <math>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>	Saily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change			
Remove 3) Change		· .	
Add Remove			
4) Change	<u></u>		
Remove 5) Change			
Add Remove			
6) Change Add			

E. <u>If an</u>	mending or adding additional Articles such additional sheets, if necessary). (1	s, enter change(s) here: Be specific)
N/A	(Landing Comments of the Comment of	
	•	
		
-		
R Ifan	n amendment provides for an exchan	ge, reclassification, or cancellation of issued shares.
pro	ovisions for implementing the amenda	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
NI/A	(if not applicable, indicate N/A)	
N/A		

	· •,	

The date of each amendmen date this document was signed	t(s) adoption: <u>04/10/2015</u>	, if other than the
Effective date if applicable:	 04/10/2015	
Enective date it applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
,	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_04/	10/2015	
Signature	All	
(I s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	ANGEL VIERA GATO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	