# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SILVA ENGINES AUTO REPAIR INC

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#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SILVA ENGINE	S AUTO REPAIR INC	
DOCUMENT NUM	BER: P1500001713)		
	s of Amendment and fee are s		
Please return all corre	spondence concerning this m	atter to the following:	
	VALDEMIR LIMA		
		Name of Contact Perso	n
		Firm/ Company	
	10818 SAKONNET		
	TAMPA FL 33615	Address	· · · · · · · · · · · · · · · · · · ·
		City/ State and Zip Cod	·
vaide	mirlima,vl@gmail.com		
		sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call;	
VALDEMIR LIMA		at ( <sup>8</sup> 13	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check to	r the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	OS43.75 Filing free & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

### Articles of Amendment Articles of Incorporation of

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	of Corporation (if known)	
P15(X)0017131	•	
(Document Number	of Cornoration (if known)	
tursuant to the provisions of section 607,1006, Florida Statutes, this is Articles of Incorporation:		
. If amending name, enter the new name of the corporation:		
ame must be distinguishable and contain the word "corporati Carp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name most contain the	
Enter new principal office address, if applicable:	10818 SAKONNET RIVER DR	
Principal office address MUST BE A STREET ADDRESS )	STE 203	
	TAMPA FL 33615	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10818 SAKONNET RIVER DR	
	STE 203	
	TAMPA FI. 33615	
). If amending the registered opent and/or registered office add new registered agent and/or the new registered office addres	dress in Florida, enter the name of the	
Name of New Registered Agent	<del></del>	
The state of the s	FD DI 11711 200	
10818 SAKONNET RIVI	ER DR. STE 203	
10818 SAKONNET RIVI	(reet address)	
10818 SAKONNET RIV		

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	<u>v</u>	Mike Jones	
<u>N</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
f)Change	<u>l'</u>	VALDEMIR LIMA	10818 SAKONNET RIVER DR
XAdd			STE 203
Remove			TAMPA FL 33615
2) X Change	. D	LUCAS DA SILVA XAVIER	13213 N NEBRASKA AVE
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Кетюче			TAMPA F1, 33612
3.) Change		···	
. Add			
Remove			
4) Change			
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ن Change			
Add			
Remove			
6) Change			
Add	· · <del></del>	<u></u>	
Remove			

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	nent provides for an exc or implementing the am	change, reclassifie:	ition, or cancellatio	n of issued shares,	
provisions fo	plicable, indicate N/A)	ienament ii ngi çoi	amen in the amen	ament ilself:	
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<u>provisions to</u>	<u> </u>				

The date of each amendment(s) adoption:
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 the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 untitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
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
(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)
VALDEMIR LIMA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)