## P150000 18983

(Re	equestor's Name)	
(Ac	idress)	
	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: MPORT AUTOS	TORAL CARE INC.				
DOCUMENT NUMB		····				
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	atter to the following:				
	JOEL PEREZ-CHAN					
	Name of Contact Person					
	IMPORT AUTOS TOTAL CARE INC.					
•	Firm/ Company					
	3233 DOMINICA TERRACE					
•	Address					
	STUART FLORIDA 34997					
•		City/ State and Zip Code	e			
	fredychan@att.net					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
JOEL PEREZ-CHAN	ı	772 at (	626-4783			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
☐ \$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 Amendment Section Division of Corporations P.O. Box 6327		A mend Divisio	Address ment Section on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## Articles of Amendment Articles of Incorporation of

2020 H. 26 PH 4: 48

IMPORT AUTOS TOTAL CARE INC. (Name of Corporation as currently filed with the Florida Dept. of State) P15000018983 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: STUART AUTO REPAIR & A/C PROS INC. 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	<u>Şally Sn</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) Change		_		
Add				
Remove				
2) Change		_		
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4) Change	-			
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5) Change		_		
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Remove				
6) Change		_		
Add				
Remove				

(Attach a	ding or adding addition and the conditional sheets, if neco	essary). (Be speci	fic)			
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provisio	nendment provides for ons for implementing not applicable, indicate	the amendment if i	assification, or contained in	ancellation of issument	ued shares, itself:	
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	doption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, the epartment of State's records.	nis date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendation of the approval.	ment(s)
•	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s).	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
05415/202		
05/15/202 Dated	<u> </u>	
	<del>/</del>	
Signature		
selecte	firector, president or other officer – if directors or officers have not to do an incorporator – if in the hands of a receiver, trustee, or other ited fiduciary by that fiduciary)	oeen r court
	JOEL PEREZ-CHAN	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	