P1500019045

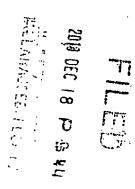
(Requestor's Name)	
(Áddress)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	ļ

Office Use Only



500321601405

12/17/18--01009--004 **35.00



DEC 19 2018 T. LEMIEUX



COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Aguilar Motor Repair Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ricardo Aguilar (Name & Contact Person)
Aguilar Motor Repair & Auto Inc
314 Angel Road
Fort Pierce, 7 34947 (City/ State and Zip Code)
aguilarricardo 68 e yahoo. com Granil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ricardo Aguilar at M2-812-9665 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of Name of Corporation as currently filed with the Florida Depti of State) 8 P & R4 P 1 5 0 0 0 1 9 0 9 5 (Document Number of Corporation (if known) At At Access the following state of the follow

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corpo	oration:	0
Aguilar Motor	Repair	W Kuto Inc. The new
name must be distinguishable and contain the word "corp	poration" or "incorporated	" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	•	·
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	∞, <i>M</i> ₩	
6 - A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIIN	
(Fraining dates)	17419	
	-	·
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 off	ice address: N	
Name of New Registered Agent:	. ~ [-1
Name of New Registered Agent.	· · ·-	
New Registered Office Address:	(1-1)	orida street address)
new negative vyjice mareia.		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered agent. I a		the obligations of the position.
	·	
	Signature of New Regist	orad Agent if changing
	Signature of New Negist	crea rigem, ij enunging

.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 X Remove X Add	PT John Do V Mike Jos SV Sally Sm	nes 🕠 🕽 🖰	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Change			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)	NA
- Annestin		
		
<u></u>		
,		

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:	(no more than 90) days after amendment file of	date)
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) The amendment(s) was/were adopt was/were sufficient for approval.	(CHECK ONE) ted by the members and the number of votes cast	for the amendment(s)
Dated Signature (By the chairman	entitled to vote on the amendment(s). The amendment(s) and a second selected of the board, president or other elected, by an incorporator – if in the hands of a	er officer-if directors
	(Typed or printed name of person signing)	