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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H220003815673ABC1

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)879-0150

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Wftaxes.office@gmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AGUILAR MOTOR REPAIR & AUTO INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$43.75 |

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2022 NOV -9 PM 1:18

2022 NOV -9 AM 11:56

11/10/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AGUILAR MOTOR REPAIR & AUTO INC.
DOCUMENT NUMBER: P15000019045

The enclosed *Articles of Amendment* and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

RICARDO AGUILAR
Name of Contact Person
AGUILAR MOTOR REPAIR & AUTO INC.
Firm/ Company
314 ANGLE ROAD
Address
FORT PIERCE, FL 34947
City/ State and Zip Code
wftaxes.office@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO AGUILAR at (772) 979-1811
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:

- ☒ \$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
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

850-617-6381

11/9/2022 12:36:53 PM PAGE 1/001 FAX Server



November 9, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AGUILAR MOTOR REPAIR & AUTO INC.
314 ANGEL ROAD
FORT PIERCE, FL 34947US

SUBJECT: AGUILAR MOTOR REPAIR & AUTO INC.
REF: P15000019045

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check only ONE box under adoption of amendment on the last page of the amendment form

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

FAX Aud. #: H22000381567
Letter Number: 322A00025146

Articles of Amendment
to
Articles of Incorporation
of

20221101-9 11:56

AGUILAR MOTOR REPAIR & AUTO INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000019045

(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:

The new 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 RICARDO AGUILAR
314 ANGLE ROAD
(Florida street address)

New Registered Office Address: FORT PIERCE, Florida 34947
(City) (Zip Code)

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.

Ricardo Aguilar
Signature of New Registered Agent, if changing

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)
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:
☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|---|-------|---------------------|-----------------------|
| 1) <input checked="" type="checkbox"/> Change | P | RICARDO AGUILAR | 314 ANGLE ROAD |
| <input type="checkbox"/> Add | | | FORT PIERCE, FL 34947 |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | VP | ALDO ADRIAN AGUILAR | 314 ANGLE ROAD |
| <input checked="" type="checkbox"/> Add | | | FORT PIERCE, FL 34947 |
| <input type="checkbox"/> Remove | | | |
| 3) <input checked="" type="checkbox"/> Change | T | KASSANDRA AGUILAR | 314 ANGLE ROAD |
| <input type="checkbox"/> Add | | | FORT PIERCE, FL 34947 |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

11/08/2022
• The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 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 _____."
(voting group)

11/08/2022
Dated _____

Signature Ricardo Aguilar
(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)

RICARDO AGUILAR

(Typed or printed name of person signing)

VP

(Title of person signing)