P15000068608

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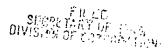
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MOLINA GARAC	GE 3M BODYSHOP			
	DOCUMENT NUMBER: P15000068608				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
	DANI MEDINA				
-		Name of Contact Person	1		
	MOLINA GARAGE 3M BO	DYSHOP			
-		Firm/ Company			
	2091 NW 7 AVE				
-	Address				
	MIAMI, FL 33127				
~		City/ State and Zip Code	e		
MOL	INSGARAGE@ATT.NET				
- WIOL	_	sed for future annual report	u ati Gastiau)		
	n-man address; (to be us	sed for future affidial report	nouncation)		
For further information	concerning this matter, pleas	se call:			
DANI MEDINA		at (324-4203		
Name o	f Contact Person .	at (Area Co) de & 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)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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(Name of Corporation	n as currently filed with the Florida Dept. of State)
P15000068608	
(Document)	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registereu Agem	
	(Florida street address)
Now Prairtered Office Address	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	stered Agent: am familiar with and accept the obligations of the position.
Signat	ture 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 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MEDINA, DANI	
Add			
Remove			
2) X Change	VP	MEDINA, LYDIA M.	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			-
Remove			-
5) Change			
Add			
Remove			
6) Change			•
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	manent i not consumed in the antiquentic right.

8/13/2015 The date of each amendment(s) adoption:	Olvis & Strothersthandhe
date this document was signed.	Constitution of the second
Effective date if applicable:	15 AUG 31 PM 1:00
(no more than 90 days after amendment file date)	1:39
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	der
Dated	
(13) a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
DANI MEDINA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	