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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	AUTO FIX CENT	ER CORP			
DOCUMENT NUMBER:	P15000081693			•	
The enclosed Articles of Amenda	nent and fee are sub	mitted for filing.			
Please return all correspondence of	concerning this matt	ter to the following	ng:		
S	ELMA BARAHON	IA.			
		Name of Cont	act Person)	
S	& B QUALITY SE	ERVICES INC			
		Firm/ Cor	mnany		
1	3805 NE 16 AVE		,,,,,,,,,,		
		Addre	ss		
	NO. MIAMI FL 33	3161			
		City/ State and	l Zip Code	;	.
	CD5925@MSN.C	ОМ			./
E-mai	l address: (to be use	ed for future annu	ual report	notificat	ion)
For further information concernin	g this matter, please	e call:		•	
SELMA BARAHONA	4	at (786		08-2067
Name of Contact I	erson		Area Coo	le & Da	rtime Telephone Number
Enclosed is a check for the follow	ing amount made p	ayable to the Flo	rida Depa	rtment o	f State:
	.75 Filing Fee & ificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	у	Cert Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy nclosed)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations		Amenda Division Clifton 2661 Ex	Building	porations ; Center Circle

Articles of Amendment to Articles of Incorporation of

ΑI	TO	FIX	CENTER	CORP
A.	-10	$\Gamma 1 \Lambda$	CENTER	CORE

AUTO FIX CENTER CORP					
(Name	of Corporation as currently	filed with the Florida Dep	ot. of State)		
P15000081693					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following a	mendme	ent(s)
A. If amending name, enter the new na	ame of the corporation:				
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or "C	o". A professional corpor	orated" or the abbr		1
B. Entar nav principal office address	if annlianbla.	N/A			
B. Enter new principal office address, (Principal office address MUST BE A S			- 国 寶	17	
	·	•			Pergua
			55.57	Z	
C. Enten many mailing address if and	Sould a		C	55	П
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		70	
			53	άi	
			<u>Ş</u> a	-	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the na	me of the	٠	
new registered agent and/or the ne-	N/A				
Name of New Registered Agent	1N/A				
	(Florida stree	et address)			
New Registered Office Address:	N/A		. Florida		
	(0	City)	(Zip Cod	e)	
		_			
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accent the obligation	ns of the position		
The copy accept the appointment as regist	erea agent. Tam jamuar w	т ини иссерт те ожидиног	is of the position.		
	Signature of New Res	aistored 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 Doc	
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) Change	VP	JOAQUIN SOSA	8845 NW 117 ST
Add			HIALEAH GARDENS FL 33018
XXX Remove			-
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		V	
Remove			
6) Change			
Add			
Remove			

(Attac	e <mark>nding or adding additional Ar</mark> A <i>additional sheets, if necessary)</i>	. (Be specific)	etal nei e.			
N/A						•
					· 	· ··· - · - · - · - · - · - · -
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F. <u>If an :</u>	mendment provides for an exc	change, reclassific	ation, or cancell	ation of issued shar	res,	
prov	isions for implementing the am if not applicable, indicate N/A)	endment if not co	ntained in the a	mendment itself:		
N/A	ij noi applicable, inalcale IVA)					
13/73						
						
	· 	 	*******			
					- ", <u>L., , , , , , , , , , , , , , , , , , , </u>	
				•		

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 document's effective date on the Department of State's records.	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 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)	
☐ 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.	
01/11/2017 //// Dated	
Church Comment	
Signature (By a different 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)	
LUIS A RINCON	
(Typed or printed name of person signing)	····
PRESIDENT	
(Title of person signing)	