P160000 19422

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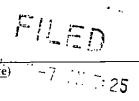
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:FAST AUTO DIA	GNOSTICS CENTER INC	: 		
	BER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	HENRY FUNES				
		Name of Contact Persor	1		
	FAST AUTO DIAGNOSTICS CENTER INC				
		Firm/ Company			
	14245 WEST DIXIE HIGHWAY				
	Address				
MIAMI, FL 33161					
	City/ State and Zip Code				
	FASTAUTOSERVICE11650	@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
HENRY FUNES	· .	786	229-6272		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
An Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



FAST AUTO DIAGNOSTICS CENTER INC

(Name of Corporation as currently filed with the Florid	a Dept. of State) -7 25
P16000019422	25
(Document Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	ntion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The _new
name must be distinguishable and contain the word "corporation," "company," or "incorpor" [Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corpor "chartered," "professional association," or the abbreviation "P.A."	rated" or the abbreviation "Corp.," ation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	<u>_</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Studing address BLAT BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	he name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar with and accept the ob-	igations of the position.
Signature of New Registered Agent, if cha	nging

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)

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	<u>PT</u> <u>John</u>	ı Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOSE ARMANDO OSORIO	14245 WEST DIXIE HIGHWAY
Add			MIAMI, FL 33161
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			_
Remove			
6) Change			
Add			
Remove			

amending or adding additional Ar tach additional sheets, if necessary).	(Be specific)	
	, ,	
		<u> </u>
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		-
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	-	
If an amendment provides for an exc	nange, reclassification, or cancellation of issued sha	res,
provisions for implementing the am	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	·	
		· · · · · · · · · · · · · · · · · · ·
		
		· —
		·

	adoption:	, if other than the
date this document was signed.	1/25/2024	
0- Effective date <u>if applicable</u> :	1/25/2024	
Enterre date in apprecion.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following station each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes ea	st for the amendment(s) was/were sufficient for approval	
bv	"	
,	(voting group)	
04/25/20 Dated Signature	24 <u> </u>	
(By a	director, president or other officer – if directors or officers have not be tea by an incorporator – if in the hands of a receiver, trustee, or other of inted fiduciary by that fiduciary)	
	HENRY FUNES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	