

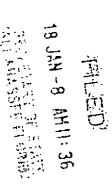
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	ON:	LLERMO AUTO BROKE	ER INC			
DOCUMENT NUMBER: _		P16000044845				
The enclosed Articles of Am	endment and fee are su	bmitted for filing.				
Please return all corresponde	nce concerning this ma	tter to the following:	ļ			
		NORBERTO MOREI				
	Name of Contact Person					
<del></del>	_	Firm/ Company				
	40	080 NW 132ND STREET U	UNITC			
	•	Address				
		OPALOCKA, FL.3305- City/ State and Zip Cod				
		noberto1002@gmail.co	m			
E	-mail address: (to be us	sed for future annual report	V			
For further information conc	erning this matter, pleas	se call:				
NORBERTO	O MOREI	at (	2975422			
Name of Con	tact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check for the fo	ollowing amount made	payable to the Florida Dep	artment of State:			
■ \$35 Filing Fee	1\$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)			
P.O. Box 6	nt Section f Corporations	Amen Divisi Cliftor 2661 I	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

GUILLERMO AUTO BROKER INC.

(Name of Co	poration as currently	filed with the Florida Dep	it. of State)		_
	P160000	044845			
	(Document Number of	Corporation (if known)	<del> </del>		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corporation a	 idopts the following 	amendment(	s)
A. If amending name, enter the new name o	f the corporation:				
	FIX CAR REI	PAIR INC	✓	The new	
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp," "Inc," or "C	lo". A professional corpor	ograted" or the abi	breviation	
B. Enter new principal office address, if app	olicable:		/		
(Principal office address <u>MUST BE A STREE</u>					
			1 3.0		
			1 22	٠٠.	
C. Enter new mailing address, if applicable				至一	<u>]</u> .
(Mailing address MAY BE A POST OFFI	CE BOX)		<u> </u>	H-8 H	ĭ
			ري پنجي <del>- اسمالي اسما</del>		į,
			171		
D. Ifanon-Bonako alianakan alian			(d)	ं क	
D. If amending the registered agent and/or new registered agent and/or the new registered.		ess in Florada, enter the nai	me of the		
Name of New Registered Agent					
Frame of New Registered Agent		/			
	(Florida stre	et address)			
V. B. C. LOW ALL		- · · · · · · · · · · · · · · · · · · ·	<b></b>		
New Registered Office Address:		City)	_, Florida	 ode)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of		ith and account the abligation	ns of the position		
i nercis, accept the appointment as registered	igem. Tum jumitar w	ин ана ассері іне обпусног	as of the position.		
		<del></del>			
/	Signature of New Re	gistered Agent, if changing			

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones leav Mike Jones, V as Remove,	ind/or D if necess ector title resident = Chief F c, Directo in the folioes the co	irector be ary) e by the fit ; T= Trea linancial ( or would by llowing ma prporation	est letter of the office title: surer; S= Secretary; D= Director; TR Officer. If an officer/director holds ma e PTD. unner. Currently John Doe is listed as a scally Smith is named the V and S. The	= Trustee; C : ore than one ti the PST and A	= Chairman or Clerk; CEO = the, list the first letter of each tike Jones is listed as the V. Th	Chief office ere is
Example: X Change	<u>PT</u>	John_Do	<u>2</u>			
X Remove	<u>v</u>	Mike Jor	<u>ies</u>			
X Add	<u>SV</u>	Sally Sm	<u>úth</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u>	S	
1) Change		_				
Add				<u>.</u> .		
Remove						
2) Change		_				
Add						
Remove					 	
3 ) Change		_				
Add					· · · · · · · · · · · · · · · · · · ·	
Remove						
4) Change		_				
Add						
Remove						
5) Change		<del>-</del>				
Add						
Remove					112	
6) Change		_				
Add						

Remove

f amending or adding additional Articles, enter change(s) here:	
Attach additional sheets, if necessary). (Be specific)	l
	T.
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	. !
	i -
f an amendment provides for an exchange, reclassification, or cancellation of	issued shares,
provisions for implementing the amendment if not contained in the amendment	nt itself:
(if not applicable, indicate N/A)	
	·,
	· 1

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
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 wi document's effective date on the Department of State's records.	ll 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.	
01/04/2018 Dated	
Signature_ Norderto Morel	
(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)	
NORBERTO MOREI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>