P16000051460

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(Ci	ty/State/Zip/Phone	e #)		
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Special Instructions to	Filing Officer:			
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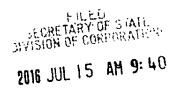
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	THE CAR HOSPI	TAL USA INC				
DOCUMENT NUME	DOCUMENT NUMBER: P16000051460					
	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:				
	MILLIE VARGAS					
	Name of Contact Person					
	Firm/ Company					
•	2832 MICHIGAN AVE UNIT I					
	Address					
	KISSIMMEE FL 34744					
		City/ State and Zip Code	<u> </u>			
***	1 (000					
millie	b699@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
MILLIE VARGAS		at (321	805-1335			
Name o	of Contact Person	Area Co	de & 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		Street	Address			
Amendment Section		Amendment Section				
	sion of Corporations	Division of Corporations				
	Box 6327 ahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



THE CAR HOSPITAL USA INC 2016 JUL

(Name of Corporation as currently	y filed with the Florida Dept, of State)
P16000051460	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
CAR HOSPITAL USA INC	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation"	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling uturess MAT BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Nam Davistand Annals Simulature if the simulatured Annals	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of Vane I	Registered Agent, if changing
Signature of New 1	vegioner en rigeriic ij enanging

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change		_		
Add		•		
Remove				
4) Change		-w-		
Add				
Remove				
5) Change				
Add				
Remove				····
6) Change		_		
Add				
Pamova				

	(Be specific)
provisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:		fforher than the		
date this document was signed.		STATE OF CORPORATION		
Effective date if applicable: (no more	e than 90 days after amendment file date)	2016 JUL 15 AM 9: 40		
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendate.		nis date will not be listed as the		
Adoption of Amendment(s) (CHECK ON	<u>E</u>)			
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	ers. The number of votes east for the amenda	nent(s)		
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group ent				
"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 d action was not required.	lirectors without shareholder action and share	eholder ·		
☐ The amendment(s) was/were adopted by the incorporat action was not required.	ors without shareholder action and sharehold	ler		
07/13/2016 Dated				
Signature VCOM M.V.	ers	 		
	her officer – if directors or officers have not if in the hands of a receiver, trustee, or other duciary)			
VICTOR M VERA				
(Typed or printed name of person signing)				
PRESIDENT				
	(Title of person signing)	··········		