P1600064945

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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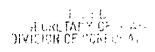
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FAITH AUTO	O REPAIR INC			
DOCUMENT NUMBER: P16000064945				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
ERIKA CANTERO				
	Name of Contact Person			
E & E FINANCIAL				
	Firm/ Company			
133 CORNERSTONE P	L.			
	Address			
WOODSTOCK, GA 301	188			
	City/ State and Zip Code			
ERIKA.C.CANTERO@GMA	IL.COM			
•	be used for future annual report notification)			
	·			
For further information concerning this matter, please call:				
ERIKA CANTERO	678 643-0714			
Name of Contact Person	at (678) 643-0714 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:			
\$35 Filing Fee S43.75 Filing Fee Certificate of State				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



FAITH AUTO REPAIR INC.

2016 NOV 21 AK 8: 26

(Name of Corporation as current	ly filed with the Florida Dept. of State)
16000064945	
(Document Number o	f Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
	_The new
ame must be distinguishable and contain the word "corporation 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
. Enter new principal office address, if applicable:	3470 ST AUGUSTINE RD
Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32207
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE ROY)	3470 ST AUGUSTINE RD
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	JACKSONVILLE, FL 32207
	JACKSONVILLE, FL 32207
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	ress in Florida, enter the name of the s:
new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the s:
new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the

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>	Name	<u>Addres</u> s
I) X Change	V	PABLO FORTUNA DA SILVA	3470 ST AUGUSTINE RD
Add			JACKSONVILLE, FL 32207
Remove			
2) Change		- -	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

wanterman streets, if thecessury).	(Be specific)		

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		n of issued shares.	
f an amendment provides for an exch	ange, reclassification, or cancellatio		
provisions for implementing the ame	ange, reclassification, or cancellation described in the amen	dment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation in the amen	dment itself:	
provisions for implementing the ame	ange, reclassification, or cancellatic idment if not contained in the amen	dment itself:	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation and the amen amen amen amen amen amen amen ame	dment itself:	

	NOVEMBER 18, 2016		
The date of each amendment(s) a date this document was signed.	doption:	DECRETARY OF THE DIVISION OF THE	if other than the
	VEMBER 18, 2016		
Effective date <u>if applicable</u> :	(no more than 90 day	s after amendment file date 16 NOY 2	MH 8: 56
Note: If the date inserted in this leadecument's effective date on the De	plock does not meet the applicable	statutory filing requirements, this date will	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were add by the shareholders was/were su		ber of votes cast for the amendment(s)	
	proved by the shareholders through veach voting group entitled to vote s	voting groups. The following statement eparately on the amendment(s):	
	for the amendment(s) was/were suff	* -	
by	(voting group)	.,,	
	(voting group)		
The amendment(s) was/were add action was not required.	opted by the board of directors withou	out shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without sh	nareholder action and shareholder	
DatedSignature	ER 18, 2016 DA Past	a	
selecte		f directors or officers have not been ls of a receiver, trustee, or other court	
	CELIO DA COSTA		
	(Typed or printed name	of person signing)	
	PRESIDENT		
	(Title of per	son signing)	