P16000081924

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2017

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WILLIAM ARMAS / W & J REPAIRS AND SERVICES CORP 20200 SW 112TH AVE CUTLER BAY, FL 33189 US

SUBJECT: W & J REPAIRS AND SERVICES CORP

Ref. Number: P16000081924

We have received your document for W & J REPAIRS AND SERVICES CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be adopted in one of the following manners:

(1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

(2)If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 217A00001327

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: W & J REPAIRS A	ND SERVICES CORP			
DOCUMENT NUMBER: P16000081924					
	of Amendment and fee are sub	omitted for filing.			
Please return all corre	Please return all correspondence concerning this matter to the following:				
	WILLIAM ARMAS				
		Name of Contact Person			
	W & J REPAIRS AND SERV	/ICES CORP			
		Firm/ Company			
	20200 SW 112 TH AVE	rittii/ Company			
		Address			
	CUTLER BAY FL 33189				
		City/ State and Zip Code	;		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
WILLIAM ARMAS		786	de & Daytime Telephone Number		
Name	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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment

Articles of Incorporation

W+J Repairs And	Services Corp
(Name of Corporation as current	ly filed with the Florida Dept. of State
P160C	0081924
(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:	
name must be distinguishable and contain the word "con-one"	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:	20200 SW 112 TH AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CUTLER BAY FL 33189
C. Enter new mailing address, if applicable:	23
(Mailing address MAY BE A POST OFFICE BOX)	
	B 73
	0
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 sti	reet address)
New Registered Office Address:	, Florida(City) (Zip Code)
	(Lip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	Registered 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	P	_	JUAN LOPEZ	665 E 29TH ST
Add				HIALEAH FL 33013
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets; if necessary).	(Be specific)
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

P160000 81924

the date of each amendment(s) adoption:		ii other than the
date this document was signed.	TARY JIVISION OF CO	01 5 ATE
Effective date if applicable:	JIVISION OF CO	REQUAL C.
(no more than 90 days after amendment file date)	2017 FEB 20	AM 9: 10
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not	be listed as the
Adoption of Amendment(s)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by"		,
by" (voting group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	areholder	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older	
Dated 02-02-2017 Signature————————————————————————————————————		
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or ot appointed fiduciary by that fiduciary)		
WILLITAY HR	MA3	· · · · · · · · · · · · · · · · · · ·
(Typed or printed name of person signing)		
MESTRIT		
(Title of person signing)		