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CORETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: SAFÉVIE	W AUT	o G	LASS	REPAIR	_wc
DOCUMENT NUMBER:	0					_
The enclosed Articles of Amen	dment and fee are subm	itted for filing.				
Please return all correspondence	e concerning this matter	to the following	ng:			
		Kat	tia l	_una		
		Name of Cont				
		Firm/ Con	npany			
		3551 NI	E 160	774 S	tret 1	hpt 405
		North	ess Miam	i Be	treet A	33160
	ail address: (to be used	Safev	iew a	uto (a	gnail.e	om_
E-III	ian address: (to be used	for future annu	ан герогі	пошисацо	on)	
For further information concern	ing this matter, please c	all:				
Kattia	Luna	at (786	32	0.3503	
Name of Contac	t Person		Area Coo	de & Day	time Telephone N	Number
Enclosed is a check for the follo	owing amount made pay	able to the Flo	rida Depa	rtment of	State:	
	43.75 Filing Fee & Certificate of Status	343.75 Filing Certified Cop (Additional co- enclosed)	ру	Certii Certii (Add	50 Filing Fee ficate of Status fied Copy itional Copy closed)	
Mailing Add Amendment S				Address ment Sect	tion	
Division of C	orporations		Division	n of Corp		
P.O. Box 632 Tallahassee, I			2661 Ex	Building xecutive (ssee, FL :	Center Circle 32301	

Articles of Amendment

Articles of Incorporation of

`	01				
	N AUTO GL			UC	
(Name of Corporatio	n as currently filed w	ith the Fl	orida Dept. of Stat	<u>te</u>)	
	160000840	96			
(Docume	ent Number of Corpora	ation (if kr	iown)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida	Profit Cor	poration adopts the	following amendm	ent(s) to
A. If amending name, enter the new name of the cor	poration:				
				<u> </u>	W
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co". A	npany," o professio	r "incorporated" nal corporation nai	or the abbreviation me must contain the	n en
B. Enter new principal office address, if applicable:				30.50	4
(Principal office address MUST BE A STREET ADDI				19	s ()
				हि । फ्रिक्ट संद्राहर	چ
				33	5

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7)				
(Manuel Mar BE AT OST OFFICE BOX				 	
					
	•				
			,		
D. If amending the registered agent and/or registere		lorida, en	ter the name of the	2	
new registered agent and/or the new registered o	ince address:				
Name of New Registered Agent					
	(Florida street addres	ss)			
Non-Projectional Office Address					
New Registered Office Address:	(City)		, Florida	(Zip Code)	
	(= y ,			(=F +===,	
New Registered Agent's Signature, if changing Regis	stered Agent:				
I hereby accept the appointment as registered agent. I	am familiar with and	accept the	obligations of the p	oosition.	
			<u>.</u>		
Signa	ture of New Registered	l 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.

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	Address
1) X Change	5	Kattia Luna	3551 NE 169th Street
Add			KOFTH Miami Beach
Remove			FL 33160
2) Change	P	Jimmy Miller	4320 washington Street
X Add			Apt 416
Remove			Hollywood, FL 33021
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

, , , , , , , , , , , , , , , , , , ,	' (Be specific)
·	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
	•
	•
	•

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ 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.	
Dated 10)29/16 Signature Kallier	
Signature Kallier X	
(By a director, president or other officer - if directors or officers have not been	<u> </u>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	