P17000036207

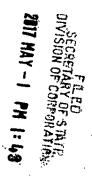
(Re	questor's Name)	
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PICK-UP	MAIT	MAIL.
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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V HERRING MAY - 4 2017



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	RATION: Zonik Body Shop		
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	Jose L Suarez		
		Name of Contact Person	n
		Firm/ Company	
		Address	
		City/ State and Zip Cod	c
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
		at (3202206
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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
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

FILED SECRETARY OF STATE DIVISION OF CORPORATIBED

Zonik Body Shop Inc	2817 HAY - 1 PM 1: LS
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P17000036207	•
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	YESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	· ·
	·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent: um familiar with and accept the obligations of the position.
Signati	ure of New 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
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	
1) Change	VP		Pedro M Guilarte Rodriguez	1000 NE 131 St	
Add				N Miami, FL 33161	
X Remove					
2) Change		_			
Add					
Remove				·	
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
					
6) Change		_		- W- W-	
Add					
Remove					

ttach additional shee	g additional Articles ets, if necessary). (B	e specific)			
					
				-	
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	11	<u> </u>			
					
				·	
n amendment prov	vides for an exchange	e. reclassification	n, or cancellation	of issued shares.	
<u>ovisions for implen</u>	nenting the amendme	ent if not contain	ned in the amend	ment itself:	
(if not applicable,	indicate N/A)				
1.10 <u></u>					
			·		
					
			· · · · · · · · · · · · · · · · · · ·		

	04/24/2017	40.4
The date of each amendment(s) date this document was signed.) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	adopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
04/24/20	17 .	
Dated	-	
0	free.	
Signature	director, president or other officer - if directors or officers have not been	·
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other cour	rt
appo	inted fiduciary by that fiduciary)	
	Jose L Suarez	
	(Typed or printed name of person signing)	
	President	
,	(Title of person signing)	