P17000042372

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: B & T REPAIRS II	NC	
DOCUMENT NUMB	ER: P17000042372		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this man	tter to the following:	
i	MARIA MADRIGAL		
-		Name of Contact Person	I
	TAX HOUSE MIAMI INC		
-		Firm/ Company	
	301 NE 79TH ST STE 2		
-	 	Address	
	MIAMI, FL 33138		
-		City/ State and Zip Code	
	MARIA@TAXHOUSEMIA!	MI.COM	
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ALEXANDER TABA	RES	at (832-7444
Name of Contact Person		Area Coo	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Island of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, F1, 32303

Articles of Amendment to Articles of Incorporation of

	of		
B & T REPAIRS INC			2022 Ail
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)	
P17000042372			
(Docume	ent Number of Corporation (if know	vn)	17.
			크. 필
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corpo	ration adopts the follows	ng amendment(s)
ns Affices of meorporation.			57
A. If amending name, enter the new name of the cor	poration:		- *
			The new
name must be distinguishable and contain the word "cor," Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional corpo	orated" or the abbreviat ration name must conta	ion "Corp.," iin the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
D. If amending the registered agent and/or registere	office address in Florida, enter	r the name of the	
new registered agent and/or the new registered of	ffice address:	the name of the	
N. C.Y. D. Y. J. L.			
Name of New Registered Agent		-	_
	200 17 17		_
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zīp	Code)
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered agent. 1	am familiar with and accept the o	bligations of the position.	
Signat	ure of New Registered Agent, if ch	anging	_
Charlest and trackle			
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (11) (e), F.S.		

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)

Example:

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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	VP	ALDO TABARI	ES MOLINA	6063 WEST 14 CT
Add				HIALEAH, FL 33012
X Remove				
2) Change	SEC.	KENIA NIETO		6063 WEST 14 CT
Add				HIALEAH, FL 33012
X Remove 3) Change		· · · · · · · · · · · · · · · · · · ·		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
			•
			
			
			
	· · · · · · · · · · · · · · · · · · ·		
	<u></u>		
f an amendment provides for an excl	ange, reclassification, or can	cellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in th	e amendment itself:	
(9			
			

•

The date of each amendment(s) as date this document was signed.	loption:	, if other than th
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendmenticient for approval.	ent(s)
must be separately provided for	roved by the shareholders through voting groups. The following stateach voting group entitled to vote separately on the amendment(s):	2022
	for the amendment(s) was/were sufficient for approval	2 SEP
by	(voting group)	.5 T2
SEPTEMB Dated	ER 6TH, 2022	An 7: 57 ภาษาย์กลัย
selected	rector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other ced fiduciary by that fiduciary)	en
	ALEXANDER TABARES	···
	(Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	<u> </u>