21000075397

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Frimo's Auto Collision Cente, Inc.
DOCUMENT NUMBER: _ P 7000075397
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Truing L. Prieto Name of Contact Person Primo's Auto Collicion Center, Inc. Firm/Company 1/0/023 SW 117 Aug.
Address Miami FC 33177 City/ State and Zip Code Pimacautocollicion@gmail.com E-mail address: (to be used for future admual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 581 9207 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations
P.O. Box 6327
Clifton Building
Tallahassee, FL 32314
Division of Corporations
Clifton Building
Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Primas Auto Collision Content Toc.

(Name of Corporation as currently filed with the Florida Dept. of State)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the followed in the provision of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the followed in the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the followed in the provisions of section 607,1006, Florida Statutes.

ts Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
(114	The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or 'cord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	
Name of New Registered Agent	
(Florida str	rect address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
петелу ассері іне арропштені ах гедімегей адені. Т ат јатиш	
	競技 ★ ***********************************
	Registered Agent if changing 32.

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.

Nike Jones, v as Remov Example:	e, and Sally Smit	n, Sv as an Add.			
X Change	PT John	<u>Doe</u>			
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>			
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	VP	Yoshlai	Garag	166235W 117,	Ave
Add		1		Miami, FC	
Remove				33177	
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

<u>f amending or addi</u> Attach <i>additional sh</i>	ng addidonal Artic ets, if necessary). 着	ies, enter enange (Be specific)	<u>AN) HEFE</u> ?		
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f an amendment pr	ovides for an excha	nge, reclassifica	tion, or cancellat	ion of issued sha	res.
provisions for impl (if not applicab	ementing the amen le, indicate N/A)	_	tained in the ame	endment itself:	
(y nor apprecion	c, miletio (mily	MA			
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The date of each amendment(s) adoption: 0 11 18 date this document was signed.	_, if other than the
Effective date <u>if applicable</u> : (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 will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ 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 O 11 18 Signature	
(By a director, president or other officer – if directors or officers have not been 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 plinted name of person signing)	
Tres dent	
(Title of person signing)	