P17000083375

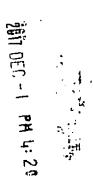
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FAHL AUTO BODY INC DOCUMENT NUMBER: P17000083375
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ERIKA COUNTERO
Name of Contact Person Et E Financial Services Luc Firm/Company POBOX 2612
WOODS+CKIGA 30188
City/ State and Zip Code ELIKA C. C. CAHERO O GMAIN COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRIKA CCUHLAO at (1078), 1043-0714 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) \$35 Filing Fee 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 Inco	rnoration		ン
	of	poration		10
Faith Auto	Body	INC		79.
(Name of Cor	oration as currently	filed with the Florida	Dept. of State)	
P170000 S	13375			
(1	Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this <i>F</i>	lorida Profit Corporat	ion adopts the following amendm	ient(s) to
A. If amending name, enter the new name of	the corporation:			
-			211	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," o	"Corp," "Inc," or "C	o". A professional co		n
B. Enter new principal office address, if appl				
(Principal office address <u>MUST BE A STREET</u>	<u>"ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)			
· · · · · · · · · · · · · · · · · · ·				
D. If amending the registered agent and/or re	egistered office addre	ss in Florida, enter th	e name of the	
new registered agent and/or the new regis			t mant of the	
Name of New Registered Agent				
Name of New Negotered Agent				
	/Florida atan	et auld- and		
	(Florida stree	i dadress)		
New Registered Office Address:			, Florida(Zip Code)	
	(0	City)	(Zip Code)	
Non-Domintoured Amenda Commence of should	- Desistered Amente			
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as		th and accept the oblig	ations of the position.	
	. •		· ,	
	Signature of New Reg	gistered Agent, if chan	ging	

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>şv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add	Title P	Name Pal <u>olo Fortupa Da Sil</u> va E COStel	Address 3470 Scunt Augustine Re Jacksonville, Fl 3220
Remove 2) Change			
Add Remove 3) Change	<u> </u>		
Add Remove			
4) Change Add Remove			
5) Change Add		-	
Remove 6) Change			<u> </u>
Add			

Attach <i>addil</i>	or adding additional A tional sheets, if necessary). (Be specific)			
						<u> </u>
-						
		<u> </u>				
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	lment provides for an e for implementing the a					
(if not a	applicable, indicate N/A)	and and an	<u> </u>	TO MINICIPALITY (
<u> </u>					 	
. <u>.</u> .						
				· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: 1/27/20/7, if other than the date this document was signed.
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 not be listed as the document's effective date on the Department of State's records.
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)
(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 $11/27/2017$
Signature (LID) De De
(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)
Celio ba Costa
(Typed or printed name of person signing)
Vice President
(Title of person signing)