P18000005613

(Re	questors Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: UNIVE	RSAL A	REPAIR	<u>TECHN</u> OLOGIES	IN
DOCUMENT NUMBE	R: P180000	05613			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ndence concerning this ma	tter to the following	;		
	SE	RGEY	BUGAE	V	
_		Name of Contac	t Person		
_	UNIVERSAL	REPAIR	TECHN	OLOGIES INC	
	612 SW 2	Firm/Comp	any		
_	012 540 2	Address			
	Hal	landale	FL 23	009	
_	1101	City/ State and Z	FL 33		
	BUGA E-mail address: (to be us	E V 80 @	mail.ru	<u> </u>	
	E-mail address: (to be us	ed for future annua	report notification)		
For further information c	oncerning this matter, pleas	se call:			
SERGI	EY BUGAE Contact Person	$=V_{at}$	54, 21	7-0814	
Name of 0	Contact Person		rea Code & Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount made	payable to the Flori	da Department of St	ate:	
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing B Certified Copy (Additional copenclosed)	Certifica y is Certified	ate of Status I Copy mal Copy	
Amend Divisio	g Address ment Section n of Corporations ox 6327		Street Address Amendment Section Division of Corpora The Centre of Tal	ations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

UNIVERSAL REPAIR TECHNOLOGIES INC (Name of Corporation as currently filed with the Florida Dept. of State)

P 18000005613 (Document Number of Corporation (if known)

. If amending name, enter the new na	· · · · · · · · · · · · · · · · · · ·	-115	
	SIC MUG		The new
	Corp." "Inc," or "Co".	"company," or "incorporated" or the abbre A professional corporation name must of	contain the word
Enter new principal office address, Principal office address <u>MUST BE A S</u>	<u>if applicable:</u> TREET ADDRESS)	612 SW 2 nd Hallandale FL	<u>S+</u> 33009
. Enter new mailing address, if appli			
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)	612 SW 2 nd S. Hallandale, FL	33009
. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	w registered office addre	dress in Florida, enter the name of the	SECRETARY
Name of New Registered Agent		<u> </u>	
	(Florida	straat addrassi	
	(Florida	street address)	SZ SS
New Registered Office Address:	(Florida	street address) Florida	0 7 2 2 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
New Registered Office Address:	(Florida)	, Florida	ORAT Code) CZip Code)
lew Registered Agent's Signature, if c	hanging Registered Age	, Florida	(Zip Code)
ew Registered Agent's Signature, if c	hanging Registered Age	, Florida (City) nt:	(Zip Code)
lew Registered Agent's Signature, if c	hanging Registered Age tered agent. I am familia	, Florida, Florida	(Zip Code)
lew Registered Agent's Signature, if c	hanging Registered Age tered agent. I am familia	, Florida (City) nt:	(Zip Code)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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	PT John D	<u>Doe</u>		~ ~
X Remove	<u>V</u> <u>Mike J</u>	<u>Iones</u>		2020 HAR SECRETA TALLAHA
X Add	SV Sally S	<u>Smith</u>		I HAR 30 ECRETARY LAHASSE
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	30 PH ARY OF ASSEE, F
1) Change	NA			1 2 S T 2
Add				28 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26
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5) Change	N/A		· · ·	
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6) Change	N/A			
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SSEE FLARE	SECRETARY 30 PM 2: 28 LLARY C STATE ANSWER STATE ROBERT	ach additional sheets, if necessary).					
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The date of each amendment(s) ad date this document was signed.	option:	_, if other than the
dute tills 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 bloodeument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
must be separately provided for e "The number of votes cast f by Dated 03 Signature (By a direction of selected selected)	(voting group) (voting group)	SECRETARY OF STATE
	(1) ped of primed mine in person signing)	
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