P18000044213

(Requestor's Name)	
(Address)	
(Address)	
(Ĉity/State/Zip/Phone #	f)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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Special Instructions to Filing Officer:	





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Amend

SEP 2 1 2018 I ALBRITTON!

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ABC AUTO BOD	DY PARTS IN	C	
DOCUMENT NUMI	P18000044213			
The enclosed Articles	of Amendment and fee are so	abmitted for file	ing.	
Please return ali corre	spondence concerning this ma	atter to the follo	owing.	
	JOSE LIMA			
		Name of C	ontact Perso	<u> </u>
	ABC AUTO BODY PARTS	SINC		
		Firm/ (Company	
	4225 11TH AVE			
	<u></u>	Ad	dress	
	NAPLES, FL 34116			
		City/ State	and Zip Cod	e
CARI	_OSISTURIZ@GMAIL.CO	М		
	E-mail address; (to be u	sed for future a	nnual report	notification)
For further information	reoncerning this matter, plea	se call:		
JOSE LIMA		at (850	483-9640
Name c	of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the !	Florida Depa	artment of State;
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified ((Additional enclosed)	lopy.	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address Indirection sion of Corporations Box 6327 thassee, FL 32314		Amend Divisio Clifton	Address ment Section of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ABC AUTO BODY PARTS INC

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of State)	Mi ASSI		[₩] /2: &	?
<u> </u>	. σοχ	E. K.		,

(Name of Corporation as currently filed with the Florida Dept. of State P18000044213

I/A		<u>u</u>	
		The	new
ame must be distinguishable and con Corp., " "Inc., " or Co., " or the design ord "chartered," "professional associa	vation "Corp." "Inc,"	ration," "company," or "incorporated" or the abbrevia or "Co" - A professional corporation name must contain	tion
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		4225 11TH AVE	
		NAPLES, FL 34116	_
	Enter new mailing address, if applicable:	4225 11 TH AVE	_
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
		NAPLES, FL 34116	_
If amending the registered agent ar	nd/or registered office	address in Florida, enter the name of the	-
new registered agent and/or the ne	w registered office add	address in Florida, enter the name of the ress:	
If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent	w registered office add B&C ACCOUNTING	address in Florida, enter the name of the ress: SERVICES INC	
new registered agent and/or the ne	w registered office add B&C ACCOUNTING 4300 JEFFERSON I	address in Florida, enter the name of the ress: SERVICES INC N APT 202	
new registered agent and/or the ne	w registered office add B&C ACCOUNTING 4300 JEFFERSON I	address in Florida, enter the name of the ress: SERVICES INC	

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; V = 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: N_Change	PT	<u>John Do</u> e	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P 	ABBED ROSA, HECTOR J	5212 2ND ST W
Add			LEHIGH ACRES, FL 33971
X Remove			
2) Change	Р	LIMA. JOSE A	4225 11TH AVE SW
XAdd			NAPLES, FL 34116
Remove			
3.) Change	VP	BARRERA CASTILLO, LUZ M	4225 11TH AVE SW
X Add			NAPLES. FL 34116
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	The specifier
E. If an amandment provides for an arch	anna mala iffantina anna all d'article
 <u>provisions for implementing the amer</u> 	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
·· 	

	10/01/2018	
The date of each amendment(s) a date this document was signed.	doption:	_, if other than the
Effective date if applicable:		
	ono more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed a∯th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement vach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad- action was not required.	opted by the incorporators without shareholder action and shareholder	
09/09/2 Dated	018	
17ated	4 17.7	
Signature 🔏 🛒		_
(By a c selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	ABBED ROSA, HECTOR J	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	