918000 SAB

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
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R. WHITE SEP 19 2018

2018 SEP 17 AM 8:40 SECRETARY OF STATE

COVER LETTER

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TO: Amendment Section Division of Corporations

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NAME OF CORPORATIO	N:CUBILI	AS BODY SHOP INC	
DOCUMENT NUMBER: _	P18000	050905	
The enclosed Articles of Amo	endment and fee are su	bmitted for filing.	
Please return all corresponde	nce concerning this ma	tter to the following:	
		MARA GONZALEZ	:
		Name of Contact Person	1
	RIV	ADENEIRA AND ASSOC	CIATES INC
		Firm/ Company	
			TE 201
	Address		
	N	IIAMI FLORIDA 33135	
		City/ State and Zip Cod	e
RIVA@GA	TE.NET		
~		sed for future annual report	notification)
For further information conce	eming this matter, pleas	se call:	
MARA GONZALEZ		786 at (4869910
Name of Cont	act Person		de & Daytime Telephone Number
Enclosed is a check for the fo	llowing 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A			Address Iment Section
Division of	Corporations	Divisio	on of Corporations
		Building Executive Center Circle	
			acces FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

CUBILLAS BODY SHOP INC

2018 SEP 17 AM 8: 46

(Name of Corporation as current P18000050905	itly filed with the Flor	ida Deprito Atale OF STATE
P18000050905		IALLAHASSEE, FL
(Document Number	of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corpo	ration adopts the following amendment(s
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional	
B. Enter new principal office address, if applicable:	3245 NW 37 STR	REET
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FLORID	A 33142
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent		the name of the
(Florida	street address)	
New Registered Office Address:	(Circu	, Florida
	(Cùy)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent.—I am familia		bligations of the position.
Simultana of Mari	Pagistarad Luant if ok	

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)

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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	PT	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	D	Alfredo C. Barrera	25331 SW 122 Court
X Add			Homestead,FI. 33032
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change		_	
Add			
Remove			
0 01			
6) Change		-	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NOT APPLICABLE
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NOT APPLICABLE

08/24/201	.8
The date of each amendment(s) adoption: date this document was signed.	, if other than
08/24/2018	
Effective date <u>if applicable</u> :	
(no m	nore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	t the applicable statutory filing requirements, this date will not be listed as records.
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)
■ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval	
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of	nolders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by	;;·
(voting gro	<i>up)</i>
☐ The amendment(s) was/were adopted by the board o action was not required.	of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpo action was not required.	orators without shareholder action and shareholder
Dated x 09/08/20	<u>018</u>
Signature X	Z W
	other officer – if directors or officers have not been
selected, by an incorporato	or – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that	t fiduciary)
P	PATRICIA DIAZ CUBILLAS
(Typed	or printed name of person signing)
	PRESIDENT
	(Title of nerson signing)