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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer	
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T. LENHEUX



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ation: <u>USA Mi</u>	obile Aulo	Kepair Inc
DOCUMENT NUMB	er: <u>P180000</u>	79069	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
-	USA Mobil 14747 0 Loxahatc	Name of Contact Person Le AUTO Per Firm/ Company Range Blv of Address Mee FL 33 City/ State and Zip Code sed for future annual report	pair Inc
For further information	concerning this matter, pleas	se call:	
Ericka Name o	Arrve fContact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

FILED

to

USA Mobile AUTO	Repair I	nc	2613 OCT 15	D 3: 3k
	ation as currently fi	led with the Flor	rida Dept. of State)	, 2 40
P180000 =	79069		ALCHI MAY The Alleston	AT ITA T
(Doc	cument Number of Co	orporation (if kno	wn)	J. F. EURGJA
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Flo	orida Profit Corpo	oration adopts the fo	llowing amendment(s
A. If amending name, enter the new name of the	e corporation:			
NA				The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co	". A professiona		the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.	stered office address	s in Florida, ente	r the name of the	
	ed office address:			
Name of New Registered Agent				
	(Florida street	addrassı		
	11.00.000	,		
New Registered Office Address:	(Ci		, Florida	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		and accept the o	bligations of the pos	ition.
<u></u>	ignature of New Regi	stered Avent if c	hanvina	

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 Doc 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 Add	P	Eudelio Alfonso	14747 Orange Blud Loxahatchee, FL 334		
Remove					
2) Change Add					
Remove 3) Change Add					
Remove 4) Change					
Add					
5) Change Add					
Remove					
Add Remove					

E. If amending or additional sh	eets, if necessary).	(Be specific)	<u></u>			
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70 111					<u>.</u>	
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		P-1				
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. If an amendment pr	ovides for an excha	inge, reclassifica	ation, or cancella	ition of issued sh	ares,	
tif not applicab	lementing the amen le, indicate N/A)	dment it not cou	ntained in the an	nendment itself:		
	,					
N/A			· 		·	
				 		
					P,,,,,,,,	
			 		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	10/11/120/8	, 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 document's effective date on the Department of St	t meet the applicable statutory filing requirements, this datate's records.	ate will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	nareholders. The number of votes cast for the amendment(proval.	s)
	shareholders through voting groups. The following statem group entitled to vote separately on the amendment(s):	ent
"The number of votes east for the amenda	• •	
by	ng group)	
(votin	ig group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	oard of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were adopted by the in- action was not required.	accorporators without shareholder action and shareholder	
Dated 10 11 20 Signature	18 au	
	ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other coupy that fiduciary)	
Yoel	my Santana yped or printed name of person signing)	
•		
Dice	ectar	
	(Title of person signing)	