P190000 13234

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Tallahassee, FL 32303

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: REAL-TIME AUT	O BODY INC		
DOCUMENT NUM	BER: P19000013234			
	s of Amendment and fee are sub	omitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
	HECTOR PARADISI			
		Name of Contact Person		
	WISE TAX GROUP INC.			
		Firm/ Company		
	1640 TOWN CENTER CIR,			
		Address		
	WESTON, FL 33326			
		City/ State and Zip Code	2	
		•		
	wisetaxgroup@gmail.com	sed for future annual report		
For further informati	on concerning this matter, please	se call: 786	3544266	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address mendment Section		Address Iment Section	
	vision of Corporations	Division of Corporations		
	O. Box 6327		entre of Tallahassee	
Ta	Hahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Articles of Amendment to Articles of Incorporation of

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к	r ,	•	- 1		1.	**			1 13		,,,	1.5

REAL-TIME AUTO BODY INC				
(Name o	of Corporation:	as currently filed with the Flori	ida Dept. of State)	
P19000013234				
	(Document	t Number of Corporation (if know	vn)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida St	atutes, this Florida Profit Corpo	ration adopts the following	g amendment(s) t
A. If amending name, enter the new na	ame of the corp	oration:		
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp," "Inc," or	r "Co". A professional corpo	oorated" or the abbreviatio ration name must contain	on "Corp.,"
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S		<u></u>		. ~
				٠
				0 J/N 31 PH
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				₩,
(a	<u> </u>	_	· , <u>.</u>	<u> </u>
				. 2
				 o _
D. If amending the registered agent ar			the name of the	
new registered agent and/or the new				
Name of New Registered Agent	WISE TAX GF	ROUP INC		-
	1640 TOWN C	EENTER CIR, SUITE 210		
		(Florida street address)		-
New Registered Office Address:	WESTON		, Florida 33326	
New Negistered Cyfice Madress.		(City)	Tiorida(Zip (Code)
New Registered Agent's Signature, if c	hanging Registe	ered Agent:		
Thereby accept the appointment as regist	ered agent. I ar	m familiar with and accept the ol	bligations of the position	
		/W/w/).		_
	Signativ	re of New Registered Agent, if ch	anging	
Check if applicable		· '		
☐ The amendment(s) is/are being filed p	ursuant to s. 607	7.0120 (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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SANTIAGO MATEO DEVORA	8732 NW 119TH ST #2
X Add			HIALEAH GARDENS, FL 33018
Remove			
2) Change			
Add			·
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

	Articles, enter change(s) here: y). (Be specific)	

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for amendment arounder for an a	as abanca maglacaiffection on association of issued abone.	
provisions for implementing the a	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:	
prorisions for this title at)	
(if not applicable, indicate N/A)	,	
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The date of each amendment(s' date this document was signed.) adoption:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame e sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
sejé	adirector, president or other officer – if directors or officers have rected, by an incorporator – if in the hands of a receiver, trustee, or o ointed fiduciary by that fiduciary)	
	MAYRA MATEO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	