# P190000 21494

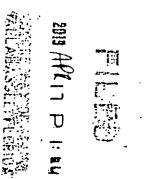
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GONZALEZ Service & Repair Inc.  DOCUMENT NUMBER: 719000021494
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Biensenido Gonzalez  Name of Contact Person  Service & Repair Inc  Firm/ Company  12514 SW 262 Terrace  Address  Homestead FL 33032  City/ State and Zip Code  iceh 36@ amail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Biemenido Goozalez at 305, 200-4976  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)

## **Mailing Address**

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

# Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

	Articles of the	orporation		
Gonzalez	Serv.	رو و فر	r Pek	pair Inc
(Name of Co	rporation as currently	y filed with the F	lorida De 771 to	dte par 1: 44
. 4	(Document Number of	2199	480000000000000000000000000000000000000	Controller Brainfill
		•		Cosum Shared
rsuant to the provisions of section 607.1006, Articles of Incorporation:	, Florida Statutes, this I	Flo <mark>rida Pr</mark> ofit Co	<i>rporation</i> adopts th	ic following amendment(s)
If amending name, enter the new name o	f the corporation:			
ame must be distinguishable and contain t Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "C	Co". A professio		
Enter new principal office address, if app	nlicable			
Principal office address <u>MUST BE A STREE</u>				
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)				·
If amending the registered agent and/or new registered agent and/or the new regi			iter the name of th	<u></u>
Name of New Registered Agent	<del></del>	··		
	(Florida stre	eet address)		
New Registered Office Address:		(City)	Florid	ła(Zip Code)
	(	(Ciņy		(Zip Code)
ew Registered Ayent's Signature, if changi nereby accept the appointment as registered of	ng Registered Agent: agent. I am familiar w	vith and accept the	e obligations of the	position.
	Signature of New Re	egistered Agent, ij	f changing	

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 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	<u>PT</u>	John Doc	
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>	Address
1) Change	7	Bienvenido J. Gonza	ez 12514 SW 262 Ter
Add			Homestead, FL
Remove			3303 2
2) Change	P	Idalmis Alonso	12514 SW 262 TEA Homestead, FL 3303
Remove			
3) Change			
Add			
Remove			<del></del>
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change		<del>.</del>	
Add		·	
Remove			

_	f necessary).	(Be specific)	nge(s) here:			
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			<del> </del>		<del></del>	
f an amendment provide	es for an exch	ange, reclassifi	ication, or cance	llation of issued	l shares,	
provisions for implemen	ting the amen					
(if not applicable, ind	licale N/A)					
					<u> </u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 1519	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by''	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4 15 197 Signature	
(By a director, president or ther officer - if directors or officers have not been	. <del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Biensenido J. Gonzal (Typed or printed name of person signing)	ez
President	
(Title of person signing)	