## 190000 24084

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ISAAC AUTO RE	PAIRS INC	
DOCUMENT NUMB	DICCOCCOCC		
The enclosed <i>Articles o</i>	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	JOSE ANTONIO MARROQ	UIN HERNANDEZ	
-		Name of Contact Person	1
1	ISAAC AUTO REPAIRS IN	С	
-		Firm/ Company	<del></del>
•	610 E WATERS AVENUE		
-	<del>. ,</del>	Address	
	TAMPA, FLORIDA 33604		
-		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOSE ANTONIO MAI	RROQUIN	813 at (	8022788
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	☐S43.75 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)
Amer Divis P.O.	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio Clifton	Address ment Section on of Corporations Building
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ISAAC AUTO REPAIRS INC

	s currently filed with the Florida Dept. of	State)
P1900024084		
(Document 8	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Stati ts Articles of Incorporation:	tutes, this Florida Profit Corporation adopt	s the following amendment(s
A. If amending name, enter the new name of the corpor	ration:	
VA		The new
ame must be distinguishable and contain the word "co Corp.," "Inc.," or Co.," or the designation "Corp," "h ord "chartered," "professional association," or the abbro	lnc," or "Co". A professional corporation	ed" or the abbreviation
3. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>55</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2.
. If amending the registered agent and/or registered of	office address in Florida, enter the name o	f the
new registered agent and/or the new registered office		(3)
Name of New Registered Agent JOSE ANTONIO	) MARROQUIN HERNANDEZ	
610 E WATERS	AVENUE	
<del></del>	Florida street address)	<del></del>
New Registered Office Address:	. Flo	orida
	(City)	(Zip Code)

## 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> <u>Joh</u>	un Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	SAMANTHA M CHASE	1806 E OKALOOSA AVE
Add			TAMPA FL 33604
X Remove			
2) Change	P	JOSE A MARROQUIN H	610 E WATERS AVENUE
X Add	<del>-</del>		TAMPA FLORIDA 33604
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

E If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A

The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:	09/23/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, thi he Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendmeter sufficient for approval.	ent(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareh	older
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	•
09/23	/209	
Dated		
	1. let a Cura	
Signature		
	by a director, president or other officer $\neq$ if directors of officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other contents.	
	opointed fiduciary by that fiduciary)	aun e
	JOSE ANTONIO MARROQUIN HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	