P19000026642

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	COVER LETTER	,			
TO: Amendment Section Division of Corporations					
NAME OF CORPORATION:	RODMAN CAR REPAIRS, CORP.				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment					
Please return all correspondence conc					
	MANUEL RIVERA				
	Name of Contact Person	_			
	RODMAN CAR REPAIRS, CORP.				
	Firm/ Company	_			
	5889 RODMAN STREET				
		_			
	Address HOLLYWOOD, FL. 33023				
	City/ State and Zip Code	-			
	muny0569@gmail.com				
E-mail ad	dress: (to be used for future annual report notification)				
For further information concerning th	nis matter, please call:				
MANUEL RIVERA	at (<u>786</u>) 412-7883				
Name of Contact Person	Son Area Code & Daytime Telephone Numb	er			
Enclosed is a check for the following	amount made payable to the Florida Department of State:				
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee rate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations Division of Corporations The Centre of Tallahassee				

Articles of Amendment to Articles of Incorporation of

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RODMAN CAR REPAIRS, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P19000026642 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (Ciny New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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:

 $P = President; \ F = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	\underline{V}	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	P	YEURY M. RIVERA JEREZ	917 NW 30TH STREET
X Add			MIAMI, FL. 33127
Remove 2) X Change	VP	MANUEL RIVERA	917 NW 30TH STREET
Add			MIAMI, FL. 33127
Remove 3) Change			
Add			
Remove			
4) Change Add			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

maca adminimates	lding additional Ar shects, if necessary).	(Be specific)				
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f an amendment	provides for an exc	hange reclassifi	cation or cancel	lation of issued s	chares	
provisions for im	plementing the am	endment if not c	ontained in the a	mendment itsel	<u>f:</u>	
(if not applice	ible, indicate N/A)					
					<u>=</u>	
_						

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	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder a	netion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment ficient for approval.	:nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	етені
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/10/2021 Dated	——————————————————————————————————————	
Signature	TANK	
(By a d selecte	irector, president or other officer - if directors or officers have not be d, by an incorporator - if in the hands of a receiver, trustee, or other e ted fiduciary by that fiduciary)	
	MANUEL RIVERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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