

P 190000 33248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

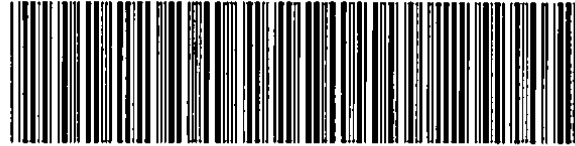
(Document Number)

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01/07/20--01014--014 **10.00

11/16/19--01022--015 **25.00

FILED
STATE
CORPORATIONS
2019-12-11 06:51

Amend

JAN 06 2020

D CUSHING

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: Repair Pro's, INC
DOCUMENT NUMBER: P19000033248

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jossy Castillo
Name of Contact Person
Repair Pro's, Inc.
Firm/ Company
6043 NW 167 St. # A17
Address
MIAMI, FL 33015
City/ State and Zip Code

sales @ the repair pros online. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jossy Castillo at (305) 414-6040
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:

☒ \$35 Filing Fee

☐ \$43.75 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
STATE
DEPARTMENT OF
CORPORATIONS
JAN 2 2 1999
TALLAHASSEE, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2019

JOSSY CASTILLO
REPAIR PROS, LLC
6465 NW 201 ST
MIAMI, FL 33015

SUBJECT: REPAIR PROS, LLC
Ref. Number: P19000033248

We have received your document for REPAIR PROS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

This is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 819A00025467

01:11:11 2-19-2020

www.sunbiz.org

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

REPAIR PROS, LLC

(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:

1. If amending name, enter the new name of the corporation:

REPAIR PROS, INC.

The new 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."

2. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6043 NW 167 St. #A17

Miami, FL 33015

4. 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

(City)

(Zip Code)

5. 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

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:

☐ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (check One)	Title	Name	Address
<input type="checkbox"/> Change	<u>V.P.</u>	<u>Doug Thompson</u>	<u>6043 NW 167 St. #A17</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33015</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change	<u>Treasurer</u>	<u>William B. Hill's</u>	<u>6043 NW 167 St #A17</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33015</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

option 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 12-20-19.

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Josy Castillo

(Typed or printed name of person signing)

President

(Title of person signing)