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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PAPITO'SS BODY	' SHOP CORP				
DOCUMENT NUMB	ER: P20000053710					
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	ROBERTO F SUAREZ					
		Name of Contact Person	1			
	PAPITO'SS BODY SHOP CORP					
	Firm/ Company					
	9695 NW 79TH AVE BAY 20 21					
		Address				
	HIALEAH Gardens, FL 3301	16				
		City/ State and Zip Cod	2			
	ROBERTICOSUAREZ1977	@GMAIL.COM				
•	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, plea	se call:				
ROBERTO F SUARE	Z	at ( 305	910-3369			
Name of Contact Person		at ( 305 ) 910-3369  Area Code & Daytime Telephone Number				
Enclosed is a check for	r 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)			
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

## Articles of Amendment to Articles of Incorporation

FILED

PAPITO'SS BODY SHOP CORP			2024 OCT -4 da Dept. of State)	DM A = .
(Name o	of Corporation as currently	filed with the Florid	da Dept. of State)	<u></u>
P20000053710			TALLAHASS	Fig. O. Mile
	(Document Number of	*Corporation (if know		EFFLORIDA
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	<sup>©</sup> lorida Profit Corpor	vation adopts the foll	owing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc" or Co.," or the designation "Contain "Chartered," "professional association."	Sorp," "Inc," or "Co". A	ompany," or "incorpo professional corpor	orated" or the abbre cation name must co	viation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			<u>-</u> .	
<ul> <li>If amending the registered agent are new registered agent and/or the new</li> </ul>			the name of the	
-	ROBERTO F SUAREZ	-		
Name of New Registered Agent				
				<u>.</u>
	(Florida str		224	V 1 11
New Registered Office Address:	8916 W 35TH AVE HIALI		, Florida	118
		(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Agent: torod agent. I am familiar v	i with and accept the ob	oligations of the posi	tion.
	Phys			
	Signature of New Re	egistered Agent, if cha	anging	
	$\mathcal{C}'$			

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; 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.

$\underline{X}$ 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	P	HUMBERTO MARTINEZ	570 W 29TH ST APT 33
Add	<del>-</del>		Hialeah, FL 33012
Remove  2) Change	P	ROBERTO F SUAREZ	8916 W 35TH AVE
X Add			HIALEAH, FL, 33018
Remove Change	P	JANIEL GOMEZ LEZCANO	6765 SW 18TH ST
X Add			MIAMI, FL. 33155
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			***
Remove			

	sheets, if necessary).	(Be specific)				
				<del></del>		
<del></del>						
			<del></del>			
				-		
					<u>.</u>	
	provides for an eye	hanoe reclassi	fication or can	cellation of is	sned shares	
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rovision <u>s for im</u>	anie, maicaie (S/A)					

	option:		, if other than the
date this document was signed.			
Effective date if applicable:	(no more than 90 days afte	r amendment file date)	
	(no mine man 20 days ayre)	tunenument fire unit	
<b>Note:</b> If the date inserted in this b document's effective date on the De	ock does not meet the applicable statut partment of State's records.	ory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of di	rectors without shareholder a	ction and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number officient for approval.	f votes east for the amendme	nt(s)
	roved by the shareholders through voting each voting group entitled to vote separa		
"The number of votes cast	for the amendment(s) was/were sufficier	nt for approval	FILED TALLAHASSEEFTÖ
by	(voting group)	·"	A T
			T-4 PH
09/27/2024 Dated			
13a1ca			D # 3: 26
Signature	Muss _		26
selecto	fector, president or other officer – if dire l, by an incorporator – if in the hands of ed fiduciary by that fiduciary)		en P
	ROBERTO F SUAREZ		
	(Typed or printed name of pe	erson signing)	
	P		
	(Title of person signing)		