Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN A&R COLISION CENTER CORP

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April 23, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALR COLISION CENTER CORP 12520 SW 128 ST MIAMI, FL | 33186

SUBJECT: AFR COLISION CENTER CORP

REF: P2000d076390

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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Darlene Connell FAX Aud. #: H21000161808

Regulatory | Specialist II Supervisor Letter Number: 721A00008488

Articles of Amendment to Articles of Incorporation of A&R COLISION CENTER CORP

| (Mailing address MAY BE A POST OFFICE BOX) | | (Name of Corporation as curren | atly filed with the Florida Dept. of State) | | | |
|--|---------------------|---|--|---------------|---------|-----------|
| Pursuant to the provisions of section 607.1006, Florica Statutes, this Florida Profit Corporation acopts the following unendiment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: A.R. COLLISION CENTER CORP The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Cerp.," "Inc.," or "Co.," or the designation "Cerp.," "Inc.," or "Co.," or the designation "Cerp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," or the designation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address MUST BE A STREET ADDRESS) C. Enter new mailing address MAYBR A POST OFFICE BOX) NIA (Flurida irreal address in Florida, enter the name of the new registered Agent and/or the new registered office address: NIA (Flurida irreal address) NEW Registered Agent and/or the new registered office address; NEW Registered Office Address: (City) (City) The following unendiment(s) to following interest address: (City) The new registered Agent and/or the new registered Agent: | | P200000763 | 90 | | | |
| A. Hamending name, enter the new name of the corporation: A&R COLLISION CENTER CORP The new name must be distinguishable and constain 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. Easter new crincipal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailling address, if applicable; (Mailing address MAY BEA POST OFFICE BOX) N/A D. If amending the registered agent undoor registered office address in Florida, enter the name of the new registered agent and/or the new registered office address; N/A (Florida street address) N/A (Florida street address) N/A Sew Registered Office Address: (Clay) Florida Sep Code: | | (Document Number | of Corporation (if known) | | — | |
| A&R COLLISION CENTER CORP 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 "charassed," "professional association," "the abbreviation "P.A." Rester 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) N/A D. If amending the registered agent und/or registered office address in Florida, enter the name of the new registered agent und/or registered office address: N/A (Florida street address) | Pursuant to the j | provisions of section 607.1006, Florida Statutes, this corporation: | s Florida Profit Corporation acopts the follow | ing umendiner | n(s) to | |
| A&R COLLISION CENTER CORP 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 "charassed," "professional association," "the abbreviation "P.A." Rester 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) N/A D. If amending the registered agent und/or registered office address in Florida, enter the name of the new registered agent und/or registered office address: N/A (Florida street address) | A. If amending | tname, enter the new name of the corporation: | | | | |
| "Inc." or Co." or the designation "Corp.," "Inc." or "Cor Co." or the designation mane must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Ester 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) N/A D. If amending the registered agent und/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 N/A (Florida irregi address) New Registered Office Address: (Cop) Tip Code, New Registered Agent's Signature, if changing Registered Agent: | A&R CO | LLISION CENTER CORP | | | | |
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| New Registered Agent's Signature, if changing Registered Agent: | | | | <u>जि</u> न्त | Ĭ | - |
| New Registered Agent's Signature, if changing Registered Agent: | | | | <u></u> | <u></u> | · Concret |
| New Registered Agent's Signature, if changing Registered Agent: | D. <u>Hamending</u> | the registered agent und/or registered office add | iress in Florida, enter the name of the | 끈걸 | 2 | |
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| New Registered Office Address:, Florida | | | • | | | |
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| (City) (Zip Code: New Registered Agent's Signature, if changing Registered Agent: | New Res | istered Office Address: | Florida | | | |
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| New Registered Agent's Signature, if changing Registered Agent: | | | | | | |
| hereby accept the appointment as registered over the facility with and accept the appointment as registered over the appointment as registered over the facility with and accept the appointment of the app | Vana Dantas d | 4 0 | | | | |
| | hereby accept to | regent's Signature, if changing Registered Agent | ii | | | |

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), P.S.

If amending the Officers and/or Directors, cotor 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 officeridirector 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 cock 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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith. SV as an Add.

| X Change | PI | John Do | 25 | |
|-------------------------------|----------|----------|-------------|---------|
| X Remove | <u>v</u> | Mike Jo | <u>ones</u> | |
| _X Add | SY | Sally St | nith | · |
| Type of Action (Check One) | Title | | Name | Address |
| !) Change | | | | |
| Add | | | | |
| Remove | | | | |
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| 7A | dibonal sheets, if necessary). (Be specific) |
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| (if no | idment provides for an exchange, reciassification, or cancellation of issued shares, sfor implementing the amendment if not contained in the amendment itself; applicable, indicate NIA) |
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| The date of exidate this docum | N/A ch amendment(s) adoption:, if other than the |
|--------------------------------|--|
| Effective date | |
| | (no more than 90 days after amendment file date) |
| Note: If the dadocument's effe | ite inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the active date on the Department of State's records. |
| Adoption of A | mendment(s) (CHECK ONE) |
| The amendar action was n | ent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder pt required. |
| The amendar by the share | ent(s) was/were adopted by the sharehelders. The number of votes cast for the amendment(s) holders was/were sufficient for approval. |
| ☐ The amendm | entis) was/were approved by the shareholders through voting groups. The following statement trately provided for each voting group entitled to vote separately on the amendment(s): |
| | umber of votes east for the amendment(s) was/were sufficient for approval |
| by | |
| | (voting group) |
| | April 19, 2021 Dated Signature April 19, 2021 |
| | (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) |
| | ROSA M. GOMEZ |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |