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Certified Copies	_ Certificate	s or Status
	<u>, </u>	
Special Instructions to	Filing Officer:	
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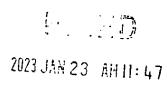
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WI COLLISION C	'EN FER CORPORATION			
DOCUMENT NUM		<u> </u>			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	WILLIAM RADINSON				
	Name of Contact Person				
	WI COLLISION CENTER CORPORATION				
		Firm/ Company			
	4110 NW 135TH STREET				
	Address				
	OPA LOCKA, FL 33054				
		City/ State and Zip Cod	<u> </u>		
For further informatio	E-mail address; (to be us n concerning this matter, plea-	sed for future annual report se call:	notification)		
WII LIAM RADINS	DN .	at t	1		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made				
S35 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		Amenc Divisic The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee 8. Monroe Street, Suite 810 ussee, Ft. 32303		

Articles of Amendment to Articles of Incorporation of



WI COLLISION CENTER CORPORATION

	tly filed with the Florida Dept. of State) 7411
220000094660	
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607,1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation:	
√ A	The new
ame must be distinguishable and contain the word "corporation," loc, " or "Co" or the designation "Corp," "Inc," or "Co", characted " protessional association " or the abbreviation "P-4	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
Victor and resident office address if and in the	N'A
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	·
. If amending the registered agent and/or registered office add	
- now early target against and the this new early toward office address	
new registered agent and/or the new registered office addres	<u> </u>
NA Name of New Registered Agent N/A	<u></u>
Name of New Registered Agent N/A	
Name of New Registered Agent (Florida s	treet address)
Name of New Registered Agent N/A	

Check if applicable

2.2 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 addgess of each Officer and/or Director being added:

(Attach additional sheets, it necessary)

Example:

Please note the officer director title by the first letter of the office title:

P.—President, V.—Vice President, T.—Treasurer, S.—Necretary, 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.

<u>X</u> Change	PT	John Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	nes	
<u>N</u> Add	\underline{SV}	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
L) Change	VP	_	BELSY MONTOYA	1355 ALI BABA AVE APT, B18
Add				OPA LOCKA, FL 33054
X Remove				
2) Change	VP	_	JOSE ARMANDO OLIVERA VALLADARES	3586 NW 41 ST LOTE C-313
_X_Add				Miami, FL 33142
Remove Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

()10	ach additional sheets, if necessary)	(Be specific)
N A		
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		·
		·······
F. <u>If a</u>	n amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amo	endment if not contained in the amendment itself:
	(if not applicable, indicate NA)	
N A		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
01/17/2023 Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	fate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action was not required.	tion and shareholder
The aniendment(s) was/were adopted by the shareholders. The number of votes east for the aniendment by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s).	nent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
01/17 2023 Dated	
Signature William Radinson	
(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 co-appointed fiduciary by that fiduciary)	
WILLIAM RADINSON	
(Typed or printed name of person signing)	
PRESIDENT	
(Fitle of person signing)	