## P21000016414

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CAPE PRIME AU	TO REPAIR CORP	·
DOCUMENT NUMBE	P21000016014		<del></del>
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	ORGE LUIS GONZALEZ		
_		Name of Contact Person	1
_		Firm/ Company	
1	813 SW 18TH TER		
_		Address	
C	CAPE CORAL, FL, 33991		
_		City/ State and Zip Code	:
For further information	E-mail address: (to be us concerning this matter, please	sed for future annual report	notification)
lizliama@yahoo.com		at (	672-5071
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Articl	cles of Amendment to les of Incorporation	2021 JUL -6 PM
Alle	of	2021 1111
CAPE PRIME AUTO REPAIR CORP		- 30L -6 PM
	currently filed with the Florida	Dept. of State)
21000016914 (Document N	Tumber of Corporation (if known)	108KE 119
ursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	•	
. If amending name, enter the new name of the corpor:	ation:	
		The new
ame must be distinguishable and contain the word "corpora Inc.," or Co.," or the designation "Corp," "Inc," or ' chartered," "professional association," or the abbreviatio	"Co". A professional corporati	ited" or the abbreviation "Corp" on name must contain the word
. Enter new principal office address, if applicable:	1813 SW 18TH TER	
Principal office address MUST BE A STREET ADDRES.	S) CAPE CORAL, FL,	33991
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		e name of the
If amending the registered agent and/or registered of new registered agent and/or the new registered office		
new registered agent and/or the new registered office	<u> </u>	
		<del></del>
new registered agent and/or the new registered office  Name of New Registered Agent	Florida street address)	
<u>Name of New Registered Agent</u>	Florida street address)	, Florida(Zip Code)

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)

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.

<u>X</u> Change	<u>PT</u> .	John Doe	
X Remove	<u>v</u>	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	S	ISMARY HERRERA	1813 SW 18TH TER
x Add			CAPE CORAL, FL, 33991
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Ar sheets, if necessary)	. (Be specific)			
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					_ <del>_</del>
f an <u>amendment</u>	provides for an ex	change, reclassif	lication, or cancell	ation of issued sha	ires,
provisions for in	iplementing the an	nendment if not	<u>contained in the a</u>	mendment itself:	
	ahle, indicate N/A)				
(if not applic					
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The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	ı(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/25/20 Dated	021	
sele	a director, president or other officer – if directors or officers have not beer eted, by an incorporator – if in the hands of a receiver, trustee, or other co-	1 urt
	JORGE L GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	