P21000021198

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S ROCERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GUEVARA AUTO	REPAIR SERVICE, INC		
	ER: P21000021198			
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	JORGE SAAVEDRA			
-		Name of Contact Person		
	AMERICA INCOME TAX			
•	Firm/ Company			
	2896 FOREST HILL BLVD			
	Address			
	PALM SPRINGS, FL 33406			
•	City/ State and Zip Code			
	JORGESAA@BELLSOUTH.NET			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas		8561739	
	of Contact Person	at (561	de & Daytime Telephone Number	
	r the following amount made			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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		Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

GUEVARA AUTO REPAIR SERVICE, INC

GUEVARA AUTO REPAIR SERVICE, INC	. <u></u>
(Name of Corporation as currently filed with the Florida Dept. of State)	
P21000021198	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co "chartered," "professional association," or the abbreviation "P.A."	viation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	727.
	<u></u>
	1
D. 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:	.? 23
Name of New Registered Agent	
	_
(Florida street address)	
New Registered Office Address:, Florida, Florida,	(Zip Code)
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 posi	ition.
Signature of New Registered Agent, if changing	
Charle 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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	GUEVARA, NATIVIDAD	1015 LOXAHATCHEE DR #1
Add			WEST PALM BEACH, FL 33409
Remove			
2) Change	P	DUARTE, MIGUEL ANGEL	1015 LOXAHATCHEE DR #1
X Add			WEST PALM BEACH, FL 33409
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding addit ttach additional sheets, if ne	ecessary). (Be spe	cific)			
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an amendment provides t	for an archanga r	noloccification o	r cancellation of	issued shares	
provisions for implementing	ng the amendment	if not contained	in the amendme	nt itself:	
(if not applicable, indica	ate N/A)				
			 		
		·			
		<u> </u>	<u> </u>		

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The date of each date this documer	ch amendment(s) adoption:ent was signed.	, if other than the
Effective date <u>if</u>	if applicable:	
Effective date in	(no more than 90 days after amendment file date)	
Note: If the date document's effec	ate inserted in this block does not meet the applicable statutory filing requirements, this descrive date on the Department of State's records.	ate will not be listed as the
Adoption of Am	mendment(s) (<u>CHECK ONE</u>)	
The amendme	nent(s) was/were adopted by the incorporators, or board of directors without shareholder act not required.	ion and shareholder
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment cholders was/were sufficient for approval.	(s)
☐ The amendme	nent(s) was/were approved by the shareholders through voting groups. The following statem parately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The nu	number of votes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	06/08/2023 Dated	
	(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 couppointed fiduciary by that fiduciary)	ırt
	NATIVIDAD GUEVARA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	