

P21000038322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200401201052

01/27/23--01020--013 **35.00

2023 JAN 27 PM 2:35

APR - 4 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CR AUTO PAINT INC

DOCUMENT NUMBER: P21000038322

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YALILYS DUENAS

Name of Contact Person

DUENAS TAX & ACCOUNTING SERVICES

Firm/ Company

3300 SPRINGDALE BLVD, APT M111

Address

PALM SPRINGS, FL 33461

City/ State and Zip Code

DUENASTAXSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YALILYS DUENAS

at (561) 201-5555

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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

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
of
CR AUTO PAINT INC

2023 JAN 27 PM 2:35

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000038322

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

CR DETAILING AND MORE INC

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 "chartered," "professional association," or the abbreviation "P.A."

B. Enter 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**)

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:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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 position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single page from a notebook or ledger. It features ten evenly spaced, thin black horizontal lines running across the width of the page. The background is plain white, and there are no margins, text, or other markings present.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

01/21/2023

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

01/21/2023

Effective date if applicable: _____
(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____,"
(voting group)

01/21/2023

Dated _____

Signature Christopher Ramirez
(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)

CHRISTOPHER RAMIREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation

CR AUTO PAINT INC

Filing Information

Document Number P21000038322

FEI/EIN Number APPLIED FOR

Date Filed 04/21/2021

Effective Date 04/20/2021

State FL

Status ACTIVE

Principal Address

1346 N Killian Dr
Suite # 6
Lake Park, FL 33403

Changed: 01/21/2023

Mailing Address

10021 Ibis Reserve Cir
West Palm Beach, FL 33412

Changed: 01/21/2023

Registered Agent Name & Address

RAMIREZ, CHRISTOPHER

1346 N Killian Dr
Suite # 6
Lake Park, FL 33403

Address Changed: 01/21/2023

Officer/Director Detail

Name & Address

Title P

RAMIREZ, CHRISTOPHER

10021 Ibis Reserve Cir
West Palm Beach, FL 33412

Annual Reports

Report Year	Filed Date
2022	03/19/2022
2023	01/21/2023

Document Images

<u>01/21/2023 -- ANNUAL REPORT</u>	View image in PDF format
------------------------------------	--

<u>03/19/2022 -- ANNUAL REPORT</u>	View image in PDF format
------------------------------------	--

<u>04/21/2021 -- Domestic Profit</u>	View image in PDF format
--------------------------------------	--