P21000057705

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	Rad Repairs, Inc.		
	P21000057705 BER:		
	of Amendment and fee are su	bmitted for filing.	
	spondence concerning this ma		
	Shawn Wilson	· ·	
	Rad Repairs, Inc	Name of Contact Person	n
	208 Alexandra Woods Dr.	Firm/ Company	
	Debary F1, 32713	Address	
		City/ State and Zip Cod	૯
	radrepairsinc@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Nicola Hughes		407 at (963-1198)
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 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)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Rad Repairs, Inc.

Aud Repairs, inc		
(Name of Corporation as currently filed with the Florida Dept. of State) P21000057705		
(Document Number of Corporation (it known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g ameno	lment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	_The i on "Corj n the w	p., "
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	(ode)	-
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	21 .8.9 28	Bresser
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.	£H & 45	

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One)	Р	Shawn Wilson	208 Alexandra Woods Dr
(i) Change Add			Debary FL 32713
Remove			
2) Change	 		
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			-
6) Change			
Add			
Remove			

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
					
				-	
				-	
					
					-
				·· -	
an amendment provides for an exchorovisions for implementing the ame	ange, reclassificati	on, or cancella	tion of issued s	<u>shares,</u> G	
(if not applicable, indicate N/A)	namene n not cont	amed in the an	renament user	īr.	
(1)					
 					
			, <u>.</u>		
					

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6/23/2021

he date of each amendment(s) adoption:	, if other than the
ate this document was signed. $\frac{6}{23}$	
ffective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ocument's effective date on the Department of State's records.	ot 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 and sh action was not required.	areholder
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 Shawn Wilson	
by" (voting group)	
6/23/2021	
Dated	
	
Signature	
(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)	
Shawn Wilson	
(Typed or printed name of person signing)	
Owner/Registered Agent	
(Title of person signing)	