P21000066212

| (Requestor's Name) | _ |
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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | _ |
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| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: | ٦ |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Navarro & Family | Service and Repair, Inc. | |
|-------------------------|---|---|---|
| DOCUMENT NUM | D21000066212 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | Luis F. Navarro | | |
| | | Name of Contact Person | 1 |
| | | Firm/ Company | |
| | 10375 S.W. 154 Circle Court | , #81 | |
| | | Address | |
| | Miami, FL 33196 | | |
| | | City/ State and Zip Code | |
| | lfn_71@yahoo.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | on concerning this matter, pleas | se call: | |
| Luis F. Navarro | | at (| 314-1618 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment of State; |
| ■ \$35 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) |
| Am Div P.C | iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314 | Amend Divisio The Co | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 |

Articles of Amendment to Articles of Incorporation of

FILED

2021 AUS 20 AM II: 38

| Navarro & Family Service and Repair, Inc. | | AND AREA STADY OF ATION |
|--|--|--|
| <u></u> | ration as currently filed with the Fl | VIAHASSEE, ELEVATOR |
| P21000066212 | . N. 1 . CO (C) | |
| (De | ocument Number of Corporation (if ki | nown) |
| Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation: | orida Statutes, this <i>Florida Profit Cor</i> | poration adopts the following amendment(s |
| A. If amending name, enter the new name of th | <u>ie corporation:</u> | |
| N/A | | The new |
| name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "i "chartered," "professional association," or the a | Inc." or "Co". A professional cor | orporated" or the abbreviation "Corp.," poration name must contain the word |
|) Fatas - an mineral office address if amplication | N/A | |
| 3. Enter new principal office address, if applic Principal office address MUST BE A STREET. | | |
| . 37 | | |
| | | |
| | | |
| 2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | BOX) | |
| | | |
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| | · | |
|). If amending the registered agent and/or reg | istered office address in Florida, en | ter the name of the |
| new registered agent and/or the new registe | | |
| Name of New Registered Agent N/A | | |
| | | |
| | (Florida street address) | |
| | [| |
| New Registered Office Address: | (City) | , Florida (Zip Code) |
| | 14497 | , 2 |
| | | |
| Sew Registered Agent's Signature, if changing | Registered Agent: | |
| hereby accept the appointment as registered age | it. I am familiar with and accept the | obligations of the position. |
| | | |
| | | |
| | ignature of New Registered Agent, if | changing |
| • | the contract of the contract o | 6 '8 |
| Check if applicable | | |

 \Box 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.

| 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 (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | PT | Carolina I. Duron Avilez | 10375 SW 154 Circle Court, #81 |
| X Add | | | Miami, Florida 33196 |
| Remove | | | |
| 2) Change | PT | Carolina I. Navarro | 10375 SW 154 Circle Court, #81 |
| Add | | | Miami, Florida 33196 |
| X Remove 3) Change | | _ | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | - |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Λ | eets, if necessary). | (Be specific) | | | |
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| | rovides for an exch | ange, reclassification | i, or cancellation of is. | sued snares, | |
| II an amendment p | ole indicate N/A) | noment ii not contan | red in the amendmen | R3CII. | |
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| The date of each amendment(s) adoptate this document was signed. | tion: 8-18-21 | , if other than the |
|---|---|-------------------------------------|
| ffective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | (no more than 90 days after amendment file date) | |
| ote: If the date inserted in this block beament's effective date on the Depart | k does not meet the applicable statutory filing requirements, tment of State's records. | this date will not be listed as the |
| doption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted action was not required. | d by the incorporators, or board of directors without sharehold | der action and shareholder |
| The amendment(s) was/were adopted by the shareholders was/were suffic | d by the shareholders. The number of votes east for the amendient for approval. | dment(s) |
| | red by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendments | |
| "The number of votes cast for | the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | | |
| | (voting group) | |
| DatedSignature (By a direct selected, by | (voting group) 18-21 Olive July tor, president or other officer – If directors or officers have no y an incorporator – if in the hands of a receiver, trustee, or oth fiduciary by that fiduciary) | |
| DatedSignature (By a direct selected, by | tor, president or other officer - If directors or officers have no y an incorporator - if in the hands of a receiver, trustee, or other | neklourt |