P9700014281

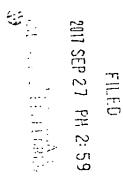
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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C. GOLDEN SEP 2 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: $\frac{1}{7970000}$	Collision In	<u>.</u>
DOCUMENT NUMBER: 1970000	14281	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
HAMED ELAY Unique Coll 920 West 84 Healeaw F, ELAYYAN HAMED (E-mail address: (10 be us	Firm/ Company STreet, Bay Address Address ACIDA 32014 City/ State and Zip Code	A
For further information concerning this matter, pleas	se call:	
HAMED ELAUYAN Name of Contact Person	at (<u>619</u> Area Co	de & Davtime Telephone Number
Enclosed is a check for the following amount made p		
\$35 Filing Fee Secretificate 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 Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

FILED

	O1	
Umque Collision, INC		2017 SEP 27 PH 2: 59
(Name of Corporation	as currently filed with the Florida	
Umque Collision, INC (Name of Corporation P97000014281		<u>"ŽŪLIM</u> ŠENŪŠIY
	nt Number of Corporation (if known)	43
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this <i>Florida Profit Corporatio</i>	on adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co". A professional con	
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)	
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		name of the
Name of New Registered Agent		
 ,, .	(Florida street address)	
New Registered Office Address:		Planta.
New Registered Office Address.	(City)	, Florida (Zip Code)
	•	,,
lew Registered Agent's Signature, if changing Regist	tered Agent:	
hereby accept the appointment as registered agent. I d	am familiar with and accept the obliga	ttions of the position.
Signati	ure of New Registered Agent, if changi	ing

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	Angel Fernandez	920 West 84 ST. Bay A
Add			Healesh, FC 33014
X Remove			
2) Change	PD_	HAMED ELAYYAN	920 West 84 STREET BAYA Healail FL 33014
<u>X</u> Add			News at 10 33019
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).		
	·	
		_
		•
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $08/30/30/7$	
Effective date if applicable: $08/30/30/307$ (no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement 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 shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	reholder
Dated 9/24/3017 Signature	
(By a director, president or other officer – if directors or officers hav selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
1-1 umed Klauyan (Typed or printed name of person signing)	
President	
(Title of person signing)	