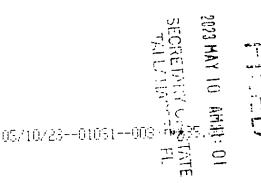
P9700090549

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Falls Auto Collisic	on Center, Inc.		
	BER: P97000090549			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Juan Carlos Perez Lamar			
		Name of Contact Person	1	
	Falls Auto Collision Center,	Inc.		
		Firm/ Company		
	8801 SW 131 Street			
		Address		
	Miami, FL 33176			
	City/ State and Zip Code			
	fallsautocollisioncenter01@g			ECN.
	E-mail address: (to be us	sed for future annual report	notification)	EN IN
For further information	on concerning this matter, pleas	se call:		SECRETATE SECRETATE TALLAHAS SEE, FL
Juan Carlos Perez La	nnar	at (305	253-7599	STAT
Name of Contact Person			de & Daytime Telephone Nun	iber m
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
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)	
	iling Address endment Section		Address Iment Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Falls Auto Collision Center, Inc.

(Name of Corporation	on as currently filed with the Florida Dept.	of State)		
P97000090549		,		
(Docum	nent Number of Corporation (if known)			 -
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> ad	opts the following a	mendmen	A(s) to
A. If amending name, enter the new name of the co	erporation:			
		7	he new	
name must be distinguishable and contain the word "ce "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	" or "Co". A professional corporation na	or the abbreviation	"Corp., "	
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADE</u>	ORESS)			
		25. 72.	2028 MA	p •
C. Enter new mailing address, if applicable:		三	Ä	i ;
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		-5	1
		<u> </u>	至	<u>.</u> }
D. If amending the registered agent and/or register new registered agent and/or the new registered		ne of the	01	
Name of New Registered Agent				
	tFlorida street address)			
New Registered Office Address:		. Florida	····	
	(City)	(Zip Coa	(e)	
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations	of the position.		
Signe	tture 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.

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>	John Doc	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	PS	Melissa R. Golin	5124 Lakecastle Dr.
Add			Tampa, FL 33624
X Remove			2023 SEQ T
2) Change	PD	Juan Carlos Perez Lamar	SECORET TALL SSEORET TALL SSEORET TALL
XAdd			Miami, F1, 33176
Remove 3) Change			
Add			ATE O
Remove			·····
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
61 Change			
Add			
Remove			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this spartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendmentficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment -
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selecte	prector, president or other officer if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other edited fiduciary by that fiduciary)	
	Juan Carlos Perez Lamar	SHVT SKILD OLAN
	(Typed or printed name of person signing)	Sic A II
	President/Director	

(Title of person signing)