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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: SANTA ROSA BO	ODY SHOP, INC.	
DOCUMENT NU	\$06564		
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Gustavo J. Garcia-Montes, E	sq.	
		Name of Contact Person	1
	Gustavo J. Garcia-Montes, P	A	
		Firm/ Company	
	2333 Brickell Ave. Suite A-I		
		Address	
	Miami FL 33129		
		City/ State and Zip Cod	e
G (F)	m@agmlawgroup.com		
<u> </u>		sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Gustavo J. Garcia-Y	Montes	at (666-2880
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for 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)	□\$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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

0	f	
SANTA ROSA BODY SHOP, INC.		i
(Name of Corporation as current	tly filed with the Florida Dept. of S	tate)
S06564		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation i	" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 7:28
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		he
Name of New Registered Agent		
(Florida st	treet address)	
New Registered Office Address:	, Flori	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		e position.

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and	ď
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 = Chie	ſ
Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office	e
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	3
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	٠.
Mike Jones V as Remove and Sally Smith SV as an Add	

Example: X Change	<u>PT</u>	John Doe	l l
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u> <u>Addres</u> s	1
1) Change	<u>V</u>	CARMEN R MOSCOSO	
Add Remove			_
2) Change	<u>T</u>	JEANNETTE CAFFI	
Add xx Remove			
3) Change		-	
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add Remove			

	Iding additional Artic sheets, if necessary).					Ì
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provisions for in	provides for an exchiplementing the amerable, indicate N/A)	ange, reclassific ndment if not co	ation, or cancel ontained in the a	lation of issued s mendment itself:	hares.	
			•			
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···						

10/09/20	017
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no	more than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State'	eet the applicable statutory tiling requirements, this date will not be listed as the 's records.
Adoption of Amendment(s) (CHECK	ONE)
☐ The amendment(s) was/were adopted by the sharely by the shareholders was/were sufficient for approximation.	holders. The number of votes cast for the amendment(s) val.
	eholders through voting groups. The following statement p entitled to vote separately on the amendment(s):
"The number of votes cast for the amendmen	u(s) was/were sufficient for approval
by(voting gi	."
(voting gr	roup)
■ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareholder
10/09/2017	
Dated	
(By a director, president	or other officer – if directors or officers have not been stor – if in the hands of a receiver, trustee, or other court nat fiduciary)
Ramon Caffi	
(Туре	d or printed name of person signing)
President	
	(Title of person signing)