547138

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CENTEUX

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: Barbara Us	sed Auto Parts, I	nc ·
DOCUMENT NUM	BER: S47138		
The enclosed Article:	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Amarilys Curbelo		
		Name of Contact Person	1
		Firm/ Company	<u>.</u>
	1895 West 68 Str	reet	
		Address	
	Hialeah, Florida 3	33014	
		City/ State and Zip Code	2
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Amarilys Cu	rbelo	at (305	, 804-2107
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 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)
	niling Address	·	Address
Amendment Section		Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Barbara Used Auto Part	s, Inc			
·	s currently filed with the Fl	orida Dept. of State)		
S47138				
(Docume	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Florida Profit Corporation adopts the following	; amendm	ient(s) to
A. If amending name, enter the new n	ame of the corporation:			
		,	The nev	
	nation "Corp," "Inc," or "C	i," "company," or "incorporated" or the ab Co". A professional corporation name must c P.A."		
B. Enter new principal office address,	if applicable:	1895 West 69 Street		
(Principal office address MUST BE A S		Hialeah, FL 33014		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1895 West 69 Street		
		Hialeah, FL33014		
		maican, r 200014		
D. I				
D. If amending the registered agent at new registered agent and/or the ne				
Name of New Registered Agent	Amarilys Curbeld)		
	1895 West 68 S	treet		
	(Florida stre	et address)		
New Registered Office Address:	Hialeah	Florida 33014		
	(City)	. (Zip Code)		
	. /			
New Registered Agent's Signature, if c	harding Registered Agent	₽ ₁ /	. ~	
I hereby accept the appointment as regis		rith and accept the obligations of the position	3	
\\)>7 #M P ()	HAR	
	gnume of New Registered A	gent, if changing		-
V		₩.O W.J.		L ED
		I LOR	AM IO:	\Box
		<u> </u>		

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> Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VPS	Amarilys Martin	8030 NW 103 Street
Add			Hialeah, FI 33016
XX Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and it is not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·

The date of each amendment	(s) adoption: 2/26/2013
Effective date if applicable:	2/26/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_ 2/2	26/2013
Signature(B	by a director, president or other officer – if directors or officers have not been
se	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Amarilys Curbelo
	(Typed or printed name of person signing)
	President
	(Title of person signing)