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## **COVER LETTER**

TO: Amendment Section Division of Corporations - 1 Automotive and Collision Center NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Address City/ State and Zip Code For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

(Additional Copy

is enclosed)

## Articles of Amendment

to
Articles of Incorporation

A-1 Automalive	of Câlisian Center, I	<u></u>
190100004190	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s	i) to
A. If amending name, enter the new name of the c	corporation:	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	The new ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the ne abbreviation "P.A."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
(Frincipal office address MOST DE ASTRUET AD	7DRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>SOX</u> )	
		-
	<u> </u>	•
	tered office address in Florida, enter the name of the	
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	egistered Agent: . I am familiar with and accept the obligations of the position.	
Sig	gnature 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 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.

Mike Jones, V as Remove	e, and Sai	lly Smith, SV as an Ada.	
Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	James ESisco	33151 Kgyke Way Leesburg FL3478
Add			Leesburg 763478
Remove			
2) Change	_P_	<u>Damon S Ogden</u>	380East Lake St
Add			Umatilla, FL
Remove	T	Christine Ogden	32784 320 Fastlake St
3) Change			Umatilla FL
Remove			32774
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).				
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If an amendment provides for an excl	iange, reclassification,	or cancellation of issu	ied shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not containe	<u>d in the amendment i</u>	tself:	
	7017	0101	omotive	010
n March 3	2011	FI-1 FIUIC	mollut	anc
Collision Cen	nter Dui	1 chased	the_	
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Collision Cer entire shar Sisco. Pursu Damon s Ogda A-I Aulomotic	n AGIA	red Pr	esident	of
1 1 1	7.50		( /	
H-1 Hulomotic	re and	Collisio	n (entel	*
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CH	ECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amendment(s) pproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amer	dment(s) was/were sufficient for approval
by	"
(voi	ing group)
action was not required.	poard of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
action was not required.	
DatedDame	on I Ogelen
· · · · · · · · · · · · · · · · · · ·	dent or other officer - if directors or officers have not been
selected, by an inco appointed fiduciary	rporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
Da	mon S Ogden Typed or printed name of person signing)
	resident
	(Title of person signing)