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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)420-5722 Fax Number : (305)643-5225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: greatmotorscorp@gmail-com

COR AMND/RESTATE/CORRECT OR O/D RESIGN GREAT MOTORS AUTO SALES CORP

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Articles of Amendment to Articles of Incorporation

	y filed with the Florida Dept. of State)	
P18000033014		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amer	ndment(s) to
. If amending name, enter the new name of the corporation:		
ame must be distinguishable and contain the word "corporation," "co Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A chartered," "professional association," or the abbreviation "P.A."	The ompany," or "incorporated" or the abbreviation "Con professional corporation name must contain the s	en "
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_
SALANDE ALL SOLO SOLO		<u>.</u>
		(C)
If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	22
new registered agent and/or the new registered office address:		27 9
Name of New Registered Agent		7.
Name of New Registered Agent (Florida street		···
(Florida street New Registered Office Address:	address)	
(Florida street New Registered Office Address:	address)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Florida street New Registered Office Address:	address), Florida	~
(Florida street New Registered Office Address: (C) W Registered Agent's Signature, if changing Registered Agent:	address), Florida (Zip Code)	- -
(Florida street New Registered Office Address: (Ci	address), Florida (Zip Code)	-
(Florida street New Registered Office Address: (C) W Registered Agent's Signature, if changing Registered Agent:	address), Florida (Zip Code)	-
(Florida street New Registered Office Address: (C) W Registered Agent's Signature, if changing Registered Agent:	address), Florida (Zip Code)	-
(Florida street New Registered Office Address: (C) (C) W Registered Agent's Signature, if changing Registered Agent: wreby accept the appointment as registered agent. I am familiar with	t address) , Florida (Zip Code) a and accept the obligations of the position.	-
(Florida street New Registered Office Address: (C) (C) W Registered Agent's Signature, if changing Registered Agent: wreby accept the appointment as registered agent. I am familiar with	address), Florida (Zip Code)	-

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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:

<u>X</u> Change	<u>P1</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	VP	JOSE L ARGUELLES BARRERA	4826 NW 116 AVE
X Add			FORAL, FL 33178
Remove			
2) Change			
Add			
Remove 3) Change	~~		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·····	
Add			
Remove			

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n amendment p	rovides for an excha lementing the amene	oge, reclassification	n, or cancellation	of issued shares,	
ovisions for imp	lementing the amend le, indicate N/A)	dment if not conta	ined in the amend	ment itself:	
(y noi applica	re, marcale (4/A)				
		<u>.</u>			
					
			· · ·		

The date of each amendment(s) adoption:	if other than t
Effective date if applicable: 0912112020	•••
(no more than 90 days after ame	rdment file date)
Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	ing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately on "The number of votes cast for the amendment(s) was/were sufficient for ap	the amendment(s):
by	,"
(voting group)	
A STATE OF THE STA	
Dated 09/21/2020	The second second
Signature	
(By a director, president or other officer - if directors or of selected, by an incorporator - if in the hands of a received appointed fiduciary by that fiduciary)	officers have not been , trustee, or other court
ALCINO J VIEIRA	
(Typed or printed name of person signi	ng)
PRESIDENT	-
(Title of person signing)	