4799

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Amend Mand

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GAINESVI	LLE MOTOR	S, INC.		
DOCUMENT NUMBER: 679979				
The enclosed Articles of Amendment and fee are subr	mitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
CHARLIE CRO				
Name of Contact Person GAINESVILLE MOTORS, INC.				
Firm/ Company 3000 N MAIN ST				
Address				
GAINESVILLE FLORIDA 32609				
	City/ State and Zip Code			
charliecrown@gma				
E-mail address: (to be used	a for future annual report	noutication)		
For further information concerning this matter, please call:				
CHARLIE CROWN	_{at (} 352	372 4343		
Name of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\sum \text{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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of



GAINESVILLE MOTOTRS, INC.

Of this contract the traction of	<u> </u>		· · · · · · · · · · · · · · · · · · ·
(Name of Corporation a	s currently filed with the F	orida Dept. of State)	
679979			
(Docume	nt Number of Corporation (in	ſknown)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	'.1006, Florida Statutes, this A	Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or "	Co". A professional corporation no	or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable:	N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent an new registered agent and/or the ne			<u>e</u>
Name of New Registered Agent	N/A	· · · · · · · · · · · · · · · · · · ·	本 当
	(Florida stre	eet address)	Code)
New Registered Office Address:		, Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if call thereby accept the appointment as regis	tered agent. I am familiar w	vith and accept the obligations of the	·
Si	ignature of New Registered A	gent, 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.

Example: X Change	<u>PT</u>	John Doe	
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) Change	D	WANDA BOSTIC	9150 NW 177TH PL
Add			FANNING SPRINGS FL 326
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change (Be specific)	(s) here:		
V/A	(apraying)			
		<u> </u>		····
			<u> </u>	
			<u> </u>	
				<u></u>
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. If an amendment provides for an excha	ango moderaificot	ia- a-aan-allati	an afternad about	_
provisions for implementing the amen	dment if not cont	tained in the ame	on o <u>r issued snare</u> odm <u>ent itself:</u>	<u>8,</u>
(if not applicable, indicate N/A)				
N/A				

date this document was signed.	, if other than the
Effective date if applicable: 11/4/2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/4/2014	
Signature (Due die eeu geside eeu ste 65 eeu is die eeu eeu eeu eeu eeu eeu eeu eeu eeu e	_
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CHARLIE CROWN	
(Typed or printed name of person signing)	
TREASURER	_
(Title of person signing)	_