642414

(Red	questor's Name)	
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JUL 25
S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: GINACHO'S AUT	OMOBILE SERVICE INC		
DOCUMENT NUMB			<u> </u>	
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	IRKA DUCASSE BLANES			
•		Name of Contact Person	1	
	DUCASSE TAX SERVICE	CORP		
-		Firm/ Company		
	7205 CORAL WAY	,		
-	Address			
	MIAMI, FL 33155			
		City/ State and Zip Cod	e	
	DUCASSETAXSERVICE@	GMAIL.COM		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
IRKA DUCASSE BLA	ANES	ar (786	839-4429	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	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)	
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GINACHO'S AUTOMOBILE SERVICE INC

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
692414			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	14221 SW 140th STREET		
(Principal office address MUST BE A STREET ADDRESS)	UNIT E and F		
	Miami, FL 33186		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14221 SW 140th STREET		
	UNIT E and F		
	Miami, FL 33186		
D. If amending the registered agent and/or registered office ad	Idress in Florida, enter the name of the		
new registered agent and/or the new registered office addre	<u>:88:</u>		
Name of New Registered Agent JOSE L FERNANDEZ C	CALA		
244 NW 11TH AVE AP	Т 3		
(Florida :	street address)		
	33128		
New Registered Office Address: MIAMI	, Florida		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	$\overline{\text{PT}}$	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
I) Change	P	JOSE L FERNANDEZ CALA	244 NW 11TH AVE
X Add			APT 3
Remove			MIAMI, FL 33128
2) Change	PV	GINA CENDOYA	221 ОЛВWAY AVENUE
Add			ISLAMORADA, FL 33070
X Remove 3) Change	ST	GINA ANN CENDOYA	221 OJIBWAY AVENUE
Add			ISLAMORADA, FL 33070
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

amending or adding	additional Articles, e	nter change(s) hero	r;		
tach additional sheet	s, if necessary). (Be s	pecific)			
		<u> </u>			
					
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				··	
<u>in amendment prov</u> covicione for implan	rides for an exchange, nenting the amendmen	reclassification, or	<u>cancellation of issi</u> in the amendment	ued shares, itealf:	
(if not applicable,	indicate N/A)	it ii not contained	in the amendment	itstii.	
					
					
				-	

The date of each amendment(s) date this document was signed.	07/01/2024 adoption:	, if other than the
-	01/2024	
Effective date <u>if applicable</u> :	1 00 1 5 1 21 1 1	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date widepartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were ac by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	2024 JUL 11 191 6:
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/18/202 Dated	24	. 25
Signature 🔥	Sma Canalogo	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	GINA CENDOYA	
	(Typed or printed name of person signing)	···

(Title of person signing)