## J60033

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GLENN'S AUTO	MOTIVE, INC.	
DOCUMENT NUM	IBER: 160033		
	s of Amendment and fee are st	ibmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	GLENN PINKIEN		
		Name of Contact Person	n
	GLENN'S AUTOMOTIVE.	INC.	
		Firm/ Company	
	2601 REESE RD	. ,	
		Address	
	DAVIE, FL 33314		
		City/ State and Zip Cod	e
iren	e@glennsautomotiveofdavie.co	om	
	E-mail address; (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Glenn Pinkien		954 at (	de & Daytime Telephone Number
Name	of Contact Person	Area Co	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	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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

Street Address
Amendment Section Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of

	ration as currently filed with the	Florida Dept. of State)	
50033			
(De	ocument Number of Corporation (if	known)	
resuant to the provisions of section 607.1006, Flo Articles of Incorporation:	orida Statutes, this <i>Florida Profit C</i>	orporation adopts the foll	owing unendment(
If amending name, enter the new name of th	<u>e corporation:</u>		
mc must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	'orp," "Inc," or "Co". A professi	or "incorporated" or to onal corporation name n	The new ne abbreviation the
Enter new principal office address, if applies	able:		
rincipal office address <u>MUST BE A STREET</u> A	<u>ADDRESS</u> )		
	<del></del>		
	<del></del>	<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY)		
<u> </u>	<u></u>		
	<del></del>	<del></del>	<del>5</del>
			0.
If amending the registered agent and/or regis	stered office address in Florida, a	iter the name of the	•
new registered agent and/or the new register	ed office address:	ner the name of the	
Name of New Registered Agent			
-	(Florida street address)		
New Registered Office Address:		, Florida_	
	(City)		Lip Code)
	very.	(4	ap comer
w Registered Agent's Signature, if changing R	1 2		

Signature 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.

Example:	ve, ana sa	ay əman,	5v as an Ada.			
X Change	<u>PT</u>	John D	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	<u>ones</u>			
X Add	<u>sv</u>	Sally Şı	mith			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change	TSD	_	Irene Pinkien	_	2601 REESE RD	
X Add					DAVIE, FL 33314	
Remove						_
2) Change		_		_		
Add						
Remove						
3 ) Change		_		_		
Add						
Remove						_
4) Change		_		_		
Add						
Remove						_
5) Change						
Add		_		_		
Remove						
6) Change						
Add		_		-		
Remove						

	ts, if necessary).	(Be specific)			
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The date of each amendment(s) adopt date this document was signed.	tion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date tment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes east for the amendment(s) ient for approval.	
☐ The amendment(s) was/were approvement be separately provided for each	ed by the shareholders through voting groups. The following statement h 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)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	I by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	I by the incorporators without shareholder action and shareholder	
Dated	19	
Signature 📙	le Rahi	
(By a direct	or, 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 iduciary by that (iduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	<del></del>
	Presedent	
	(Title of person signing)	