## M8464

(Requestor's Name)  (Address)	9
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(Address)	:
(City/State/Zip/Phone #)	
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## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

NAME OF CORPORA	ATION: G&C C	ear Care Inc	
	r: <u>M 84</u>		
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
Geoffrey R Phillips Name of Contact Person  Go C Care Inc Firm/ Company  PO Box 1/34  Address  LOXAHATCHEE FL. 33470  City/ State and Zip Code  Service a wellington prolawn.com  E-mail address: (to be used for future annual report notification)			
	concerning this matter, pleas		
Name of	Sontact Person	at ( Sbl Area Co	de & Daytime Telephone Number
	the following amount made		
\$35 Filing Fee	□\$43.75 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)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** ion

			Atticies of Americane
			to
			Articles of Incorporati
			of
$\mathcal{L}$	B	Cara	\

Go C Car Care Inc	20195 - PS
(Name of Corporation as	currently filed with the Florida Dept. of State)
M 84642	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:
name must be distinguishable and contain the word "co"." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association." or the abbre	nc," or "Co". A professional corporation name must $\epsilon$
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>S</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) Zip (
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	
Signature	of New Registered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice h Executive Officer; CFO = held. President, Treasured Changes should be noted	and/or D if necess vector titl President Chief I r, Directo in the fo-	ary) e by the first letter of the office title; ; T= Treasurer; S= Secretary; D= Director; TR= Financial Officer. If an officer/director holds more or would be PTD. Howing manner. Currently John Doe is listed as the orporation, Sally Smith is named the V and S. Thes	Trustee; C = Chairman or Cle than one title, list the first lee by PST and Mike Jones is listed
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>	Address
1) Change Add Remove	<u> </u>	Yunyun Zhang	7395 Avenida D Apartment # 1 Boca Raton, FL.
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	-		

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
	<u> </u>
	-
	<u> </u>
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
(y noi appacame, maicale 1474)	
<del> </del>	

The date of each amendment(s) adopti	ion: Saptember 23rd 2019
date this document was signed.	
Effective date if applicable:	September 23 rd 2019 (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will need of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	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 east for t	he amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	I by the board of directors without shareholder action and shareholder
action was not required.	by the incorporators without shareholder action and shareholder
Dated Sep	tember 23rd 2019
Signature	
(By a direct selected, by	or president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
	Geoffrey R Phillips (Typed or printedname of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)