PO200046009

1., 1

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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400186643144

10/18/10--01031--013 **\$5.00

Amend





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2010

GMP AUTO REPAIRS, INC. 5800 W COLONIAL DR ORLANDO, FL 32808

SUBJECT: GMP AUTO REPAIRS, INC.

Ref. Number: P02000046009

We have received your document for GMP AUTO REPAIRS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

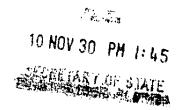
Tina Roberts
Regulatory Specialist II

Letter Number: 810A00024757

ATT TINA ROBERTS PLEASE APPLY PAYMENT ON HOLD FOR \$35.00

· T		endment S ision of C ways wa		Appel Palmant on Hack	
N	ame (of Cori	PORATION:	GMP Auto Repairs, Inc.	
ם	OCUM	ENT NU	MBER:	P02000046009	
T	he enclo	sed Artic	les of Amendment and fo	are submitted for filing.	
P	lease re	turn all co	mespondence concerning	this matter to the following:	
				Gopaul Lachhman	
		•		Name of Contact Person	•
	0 0	سد		Firm/ Company	
	7:4				
- LE	X C	- IUE -		5800 W Colonial Or Address	
	30 A	SECRETARY OF STATE TALLA SSEE. FLORIDA			
Ш	3	-		tando, Florida, 32808 City/ State and Zip Code	
Œ	10 N				
			B-mail address: (to be	od for future annual report notification)	
Po	r furihe	r informs	ion concurring this matte	, please call:	
			paul Lachhman		
		Name o	of Contact Person	Area Code & Daytime Telephone Number	1
En	closed :	is a ch e ck	for the following amount	made payable to the Florida Department of State	3 :
Ø 3	35 Filin	; Pc e	S43.75 Piling Fee & Certificate of Status	S43.75 Filing Fee & S22.30 Filing Certified Copy Certificate (Additional copy is enclosed) Cortified C (Additional	of Status
4.4		iling Ade endment		Street Address	
Division of Corporations			Division of Corporations		
P.O. Box 6327 Taliahassoc, FL 32314				Clifton Building 2661 Executive Center Circle	
	T 80	unasso,	el jaji4	Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



	U.			
GMP Auto				
(Name of Cornoration as current	ly filed with	the Ploride Dent.	of State)	
	0046009			
(Document Number	r of Corporat	tion (if known)		
ursuant to the provisions of section 607.1006, I mandment(s) to its Articles of Incorporation:	Florida Statu	its, this Plovide I	roju Corporation ed	lages the follow
If amending name, enter the new name of the	corporatio	n:		
me must be distinguishable and contain the		<u> </u>		The new
breviation "Corp.," "Inc.," or Co.," or the dei me must contain the word "chartered," "profess Enter new principal office address, if applica rincipal office address MUST BE A STREET A	ntonal associa ible:	ation," or the abb	reviation "P.A."	
Enter new malling address. If applicables (Mailing address MAY BE A POST OPPICE)	BOX)			_
If amending the registered agent and/or registered agent and/or the new registered			a, enter the name of	the
Name of New Registered Agent:			- 14	
New Registered Office Address:	(Plori	da street address)		
			, Florida	
	(City)		(Zip Code)	
w Revistered Avent's Structure. If changing Reserve accept the appointment of registered agent			ot the obligations of ti	ie position.
Stena	ture of New	Registered Agent,	if changing	

removed a	u the Officers and/or Director ad title, name, and address of tional sheets, if necessary)	rs, enter the title and name of each officer/ each Officer and/or Director being added	director being
Title	Name	Address	Type of Action
D	Merk Lachhman	5800 W Coloniat Or	□ Add
		Orlando, Fl 32808	d Remove
s	Maria Lachhman	5800 W Colonial Dr	— □ Add
		Odendo Fi 32808	☐ Remove
T	Paul Persaud	1695 Shady Oak Dr	
	 	Kissimmee, Fi 34744	
DIDVISIO	endment provides for an each se for implementing the amer or applicable, indicate N/A)	hange, recinsuitention of indepent if not contained in the Amandment	thred shares.
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment	(s) adoption: 09/30/2010
	(date of adoption is required)
Effective date if englicable:	(no moré than 90 days after amendment file date)
Adoption of amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	s adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	**
•	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wex- action was not required.	e adopted by the incorporators without shareholder setion and shareholder
Dated//	-23-10
	1011 11
Signature	director, president or other officer - if directors or officers have not been
ediec	ted, by an incorporator - if in the hands of a receiver, trustee, or other court
appo	inted fiduciary by that fiduciary)
	Gopaul Lachhman
	(Typed or printed name of person signing)
	President
	(Title of person signing)