

PO2000046009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400186643144

10/18/10--01031--013 \$35.00

Amend

RECEIVED

10 NOV 30 PM 1:45

Roberts NOV 30 2019



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

COVER LETTER

TO: Amendment Section
Division of Corporations

ATTN: TINA ROBERTS - PLEASE APPLY PAYMENT ON HOLD
FOR \$35.00

NAME OF CORPORATION: GMP Auto Repairs, Inc.

DOCUMENT NUMBER: P02000046009

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gopaul Lachhman

Name of Contact Person

Firm/ Company

5800 W Colonial Dr

Address

Orlando, Florida, 32808

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gopaul Lachhman

Name of Contact Person

at (407)

295-2940

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2561 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

10 NOV 30 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV 30 PM 1:45

SECRETARY OF STATE
FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

GMP Auto Repairs, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000046009

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

5800 W Colonial Dr

Orlando, FL 32806

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Mark Lachhman</u>	<u>5800 W Colonial Dr</u> <u>Orlando, FL 32808</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>S</u>	<u>Maria Lachhman</u>	<u>5800 W Colonial Dr</u> <u>Orlando, FL 32808</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>T</u>	<u>Paul Persaud</u>	<u>1585 Shady Oak Dr</u> <u>Kissimmee, FL 34744</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: 09/30/2010
(date of adoption is required)

Effective date if applicable: _____
(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 11-23-10

Signature [Signature]
(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)

Gopaul Lachhman
(Typed or printed name of person signing)

President
(Title of person signing)