P000065268

(Re	equestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	GORDO AUTO SALES I	NC ·	
DOCUMENT NU	NUMBER:P07000065268			
The enclosed Artic	les of Amendment and fee a	are submitted for filing.		
Please return all co	rrespondence concerning th	is matter to the following:		
		SE M HERNANDEZ		
	Ŋ	Name of Contact Person		
_	GORI	DO AUTO SALES INC		
		Firm/ Company		
	274	ONW 26 TH AVE Address		
		Address		
		MIAMI FL 33/42		
•	C	City/ State and Zip Code		
	E-mail address: (to be use	ed for future annual report notification)		
For further informa	tion concerning this matter,	please call:		
JOSE	M HERNANDEZ	at (786) 39	553186	
Name	of Contact Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	ment 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e	
	,	Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

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

GORDO AUTO SALES INC

(Document Number of Corporation (if known)

owing

amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the o	corporation:	<u>.</u>		The new
name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	gnation "Cor	p," "Inc," or "Co	o". A professional c	ed" or the
B. <u>Enter new principal office address, if applicabl</u> (Principal office address <u>MUST BE A STREET AD</u>				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<i>ox</i>)	2240 NW MIAMI	26 Th AVE PL 33142	- -
D. If amending the registered agent and/or registonew registered agent and/or the new registered			, enter the name of t	<u>he</u>
Name of New Registered Agent:			 .	
New Registered Office Address:	(Florid	a street address)		
			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	I am famili	ar with and accept		? position.
Signati	ure of New R	legistered Agent, i	f 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)

Title.	<u>Name</u>	Address	Type of Action
VPD ·	HERNANDEZLARIN,JOSE	6940 SW 69TH AVE MIAMI FL 33143	
			Add Remove
	ing or adding additional Articles, ente		
provisio	nendment provides for an exchange, rems for implementing the amendment in the applicable, indicate N/A)		

The date of each amendmen	it(s) adoption: 07/01/09
Effective date <u>if applicable</u> :	07/01/09 (date of adoption is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemed led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	
•	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_07/0	01/09
(By	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JOSEM HERNANDEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)