P13000098602

(Requestor's Name)		
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Greenway Automotive DOCUMENT NUMBER: P130000 98602 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: McIntoSh Name of Contact Person Segury Global Investments Inc 2760 Colden Ave
Address Bronx New York 10469
City/ State and Zip Code Mac 76310 awail · com
nail address: (to be(used for future annual report notification) For further information concerning this matter, please call: at (<u>718</u>) <u>775 7380</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□**\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

Articles of Incorporation of

Greenway Automotive Inc		
(Name of Corporation as current)	y filed with the Florida Dept. of State)	
P13000098602		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:	Martin Albanoz	
(Mailing address MAY BE A POST OFFICE BOX)	CA C. III A ' I I I	
	40 Greenbay Automotive Inc 2760 Colden Ave Bronx NY 10469	
	2760 Colden Ave Bronx NY 10469	
D. If amending the registered agent and/or registered office add	•	
new registered agent and/or the new registered office address		
Name of New Registered Agent		
- tange of the transfer of the	4/ 0	
(Florida st	reet address) / / / / /	
N 0 1 100 111	y Y / / Tourida	
New Registered Office Address:, Florida		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		
- 1	20 AL AL	
\sim		
	7 7 7	
Signature of New F	Registered Agent, if changing	
	2 3 10	
	9 . 5	

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: X Change	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	Jones .	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>VD</u>	Frank Rodriguez	9001 East (donial Drive
Add		•	Orlando, FL. 32817
X Remove			
2) Change			
X Add			
Remove 3) Change	VD	Martin Albornoz	2760 Colden Ave
X Add			Bronx NY 10469
Remove			
4) Change	5	Martin Albornoz	2760 Colden Aue
X Add			Bronx NY 10469
Remove			
5) Change	C	Brent Cde	2362 Indiana Ave
<u></u> ∧dd			(olumbus OH 43202
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	A / / 2
	VV/11
_	· · ·
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
orovisions for implementing the amel (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	- A-//A
	I

The date of each amendment(s) adoption:	the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	the
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 New 22-d 2017	
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)	
Fdwwd Alden (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
CFO	
(Title of person signing)	

P13000098602

STATEMENT OF FACT

The undersigned, individually, and in his capacity as a Shareholder, Director and Officer of Greenway Automotive, Inc., a Florida corporation (the "Corporation"), hereby certifies, under penalty of perjury, and notifies the Florida Department of State (the "Department") of the following facts:

- 1. The Corporation (the "Corporation"), was formed on December 10, 2013.
- 2. Articles of Amendment to the Articles of Incorporation of the Corporation were filed with the Florida Department of State, Division of Corporations, on November 28, 2017 (the "Amendment").
- 3. The Amendment was filed without the knowledge or consent of the Corporation, its Shareholders, Directors or Officers.
- 4. Martin Albornoz and Brent Cole are not associated with the Corporation in any respect and their names were added as directors and officers of the Corporation by the Amendment without the knowledge or consent of the Corporation, its Shareholders, Directors or Officers.
- 5. Frank Rodriguez is associated with the Corporation and was removed as a Director and Officer of the Corporation by the Amendment without the knowledge or consent of the Corporation, its Shareholders, Directors or Officers.
- The mailing address of the Corporation was changed by the Amendment without the knowledge or consent of the Corporation, its Shareholders, Directors, or Officers. The correct mailing address of the Corporation is 9001 East Colonial Drive, Orlando, FL 32817.
- 7. The Amendment constitutes a false, fictitious, or fraudulent statement in a matter within the jurisdiction of the Department of State as described in Section 817.155, Florida Statutes.

IN WITNESS WHEREOF, the undersigned has executed this Statement of Fact on this 1st day of December 2017.

December, 2017.	
C	Andria R. Atkinson
The foregoing was acknowledged and sw Carl R. Atkinson. He is personally known identification.	
	Notary Public, State of Fforida
(NOTARY SEAL)	Print Name:
All No. Notery Public State of Florida	Commission No.: My Commission Expires: