P1400000404

(Re	equestor's Name)	
(A c	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	9 #)
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COVER LETTER

TO: Amendment Section Division of Corporations

·	GP AUTO	CONNECTION	SPOLIP INC	
	RATION: GP AUTO (BER: P1400000610			
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	GILBERTO E. PE	EGUERO-CHIRE	ENO	
		Name of Contact Persor	1	
		Firm/ Company		
	257 TOWERVIEW DR. W			
		Address		
	HAINES CITY, FI	L 33844		
		City/ State and Zip Code	2	
GII	BERTOPEGUER E-mail address: (to be us	O@GMAIL.CON sed for future annual report		
For further informatio	n concerning this matter, pleas	se call:		
GILBERTO F	PEGUERO	at (407	, 255-9364	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
<u>Ma</u>	iling Address	Street	Address	
	endment Section	Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GP AUTO CONNECTION GROUP INC

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P14000006104	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistics</i> of Incorporation:	orida 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 "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 addres	s in Florida, enter the name of the
new registered agent and/or the new registered of fice address:	s in Florida, enter the name of the
Name of New Registered Agent	
	<u> </u>
(Florida street	address)
New Registered Office Address: (City)	Florida $\widetilde{\mathcal{D}}_{Add}$
(Cily)	(and)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
. , ,,	,
Signature of New Registered Ago	ent. 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)

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>	John Doc	
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>	<u>Addres</u> s
1) Change	P	CARLOS ENRIQUE GUZMA	1632 NESTLEWOOD TRA
∧dd			ORLANDO, FL 32837
Remove			
2) Change	<u>P</u>	JOVANNY PILIER-PILIER	257 TOWERVIEW DR. W
Add			HAINES CITY, FL 33844
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
∧dd			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	····
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	ndment if not contained in the amendment itself:
	ndment if not contained in the amendment itself:
	ndment if not contained in the amendment itself:
	ndment if not contained in the amendment itself:
	ndment if not contained in the amendment itself:
	ndment if not contained in the amendment itself:
	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: MAY 28, 2014 (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_MAY 27, 2014	
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)	
JOVANNY PILIER-PILIER γ (10) (Typed or printed name of person signing)	<u> </u>
PRESIDENT & JONAMY Poller	
(I file of person signing)	