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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

GATOR AUTO GIASS I COMPANY INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TOR AUTOGIASS & COMPANY INC GA TON AUTOGIASS INC COMAIL COM '
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OSUAMIS MEDERIOS at 786 262-0924

Name of Contact Person 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section | Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

GATON AUTO GIA	485 & COMB	Any INC.			
(Name of C	Corporation as currently f	iled with the Florida Dept	of State)		
171400000 90°	40				
	(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Flo</i>	orida Profit Corporation ad	opts the fol	lowing amendr	nent(s) to
A. If amending name, enter the new name	e of the corporation:				
$\mathcal{N}^{\mathcal{A}}$				The ne	zw
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association. B. Enter new principal office address, if a (Principal office address MUST BE A STR. C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	ion "Corp," "Inc," or "Co n," or the abbreviation "P. applicable: EET ADDRESS)	". A professional corpora		the abbreviation	o n
D. If amending the registered agent and/or new registered agent and/or the new r		s in Florida, enter the nan	ne of the		-
		A			
Name of New Registered Agent		\triangle			
	(Florida street	address			
New Registered Office Address:	\sim	\mathcal{N}	, Florida	NA	_
	(C	ity)		(Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as registered.	ed agent. I am familiar wit.	h and accept the ohligation.	s of the posi	tion,	
	ingliance by them heg	mice carrigoin, y 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 De	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	\vee	_	YEMIL ARGUELLES	P.O. BOX 441715
Add				MIAMI + 233141
Remove				
2) Change	·	_		
Add		ı		
Remove		l		
3) Change		· 1		
Add				
Remove		 		
4) Change		_		
Add				
Remove				
5) Change		_		
Add		1		
Remove				
6) Change		1		
Add				
Remove				

E. If amending or adding additional (Attach additional sheets, if necessar	Articles, enter change(s) here: urý). (Be specific)
	NA
· <u>·······</u>	

	<u> </u>
F. If an amendment provides for an provisions for implementing the (if not applicable, indicate N/.	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
	H

The date of each amendment(s) adoption: 11/29/17 date this document was signed.	, if other than th
Effective date if applicable: 11/29/17 (no more than 90 days after amendment file date)	
(adjudger unenanem file unie)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)	talement):
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ier
Dated 11/29/17	
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 othe appointed fiduciary by that fiduciary)	r court
, , , , , , , , , , , , , , , , , , , ,	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
1 P	
(Title of person signing)	