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Special Instructions to	Filing Officer.	
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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GOLD AUTO TRANSPORT INC					
DOCUMENT NUMBER: P16000047151					
	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:			
	ALIAN J JORGE				
	-	Name of Contact Person	n		
	GOLD AUTO TRANSPORT	ΓINC			
Firm/ Company					
	9001 NW 178 ST				
		Address			
	HIALEAH FL 33018				
		City/ State and Zip Cod	e		
	yenal942010@	yahoo.com			
	•	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
ALIAN J JORGE		at (879-4117 de & Daytime Telephone Number		
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)		
	iling Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GOLD AUTO TRANSPORT INC

(Name of Corporation a	s currently filed with the Florida Dept. of State)
P16000047151	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statists Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)
	First
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lo Pro-
(Multing undress MAT BE A TOST OF THE BOA)	
	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the
	
Name of New Registered Agent	
	(Florida street address)
Var David and Coffee Address	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	
. , .,	
Si-man	e of New Revistered 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)

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.

X Change	<u>PT</u>	John Doe	
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	IVONNE GONZALEZ	9001 NW 178 ST
Add			HIALEAH, FL 33018
X Remove			
2) Change	P	ALIAN J JORGE	9001 NW 178 ST
X Add			HIALEAH, FL 33018
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
o 01			
6) Change		3104-00-0	
Add			
Remove			

. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 01/17/2017	
Effective date if applicable:	
(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, 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 eaby the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on a	
"The number of votes east for the amendment(s) was/were sufficient for app	roval
by	<u></u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	er action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	ion and shareholder
Signature (By a director, president or other officer) if directors or selected, by an incorporator—If in the hands of a received appointed fiduciary by that fiduciary) IVONNE GONZALEZ	
(Typed or printed name of person sign	ning)
PRESIDENT	·
(Title of person signing)	