P170000 37620

(Reque	stor's Name))
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R. WHITE APR 1 0 2019

COVER LETTER

NAME OF CORPORATION: 6 & I Auto Repair Inc DOCUMENT NUMBER: P17000037620				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person G & T Auto Repair Inc. Firm/Company 2511 N Armenia Ave Apt #3 Address Tampa FL 33607 City/State and Zip Code Phishritaga amail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
This Brito 1813 , 389-2086				
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				

Mailing Address

TO: Amendment Section

Division of Corporations

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 Tallahassee, FL 32301

Articles of Amendment

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	Articles of Incorporation	الرابط والمعاد الأ
G&T AU	to Perons	2019 APR -1 PH 2:39
(Name of Corporation as currently	filed with the Florida Dept. of S	
Dinoso	0 271 0 0	TAI TE
PILO	10 5 16 20	10-10-22-5-5-
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Flor Incorporation:	ida Statutes, this corporation adop	ots the following amendment(s) to its Articles of
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp." "Inc," or "Co". A profession abbreviation "P.A."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		<u></u>
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	
D. If amending the registered agent and/or regist new registered agent and/or the new registered		iter the name of the
Name of New Registered Agent	Ibis Brito	
25U	N Armonia Au (Florida street address)	e Apt #3
New Registered Office Address: Tam	(City)	, Florida_33(007
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familian with and accept the	e obligations of the position.
Signature of N	New Registered 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)	P	RosAlio Galver Lopez	2511 N Armenia Ave.
Add		,	Apt #3
Remove		-	Jampa FL 33607
2) Change	P	Ibis BRITO	2511 N Armenia Are
Add			Apt #3
Remove	VP	Rosalio Galver Lopez	Tampo, FL 33607
3) Change	<u> </u>	10000	Apt #3
Remove			Tampa, FL 33407.
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

accordance with s. 60	7.604, F.S.	d minimum status vote, elects to be a Florida Profit Benefit Corporati			
	The purpose for which the benefit corporation is organized is to create a general public benefit and:				
		·-····································			
					
The general and/or sp follows (optional):		be created by the corporation (in addition to its general purpose) is/an			
		<u></u>			
	-				
The salational south		(4) 16			
The additional qualific	cations of Benefit Director	(s), if any, are as follows:			
		ctor(s) and/or Benefit Officer(s), if any:			
Name and Title:		Name and Title:			
Name and Title:		Name and Title:			
Name and Title:		Name and Title:			
Name and Title:		Name and Title: Address:			
Name and Title: Address: The corporation, in ac	(Include the required	Name and Title: Address: de attachment if necessary) minimum status vote, terminates its status as a Florida Profit Benef			
Name and Title: Address: The corporation, in ac	(Include the required	Name and Title: Address: de attachment if necessary) minimum status vote, terminates its status as a Florida Profit Benef			
Name and Title: Address: The corporation, in ac	(Include the required	Name and Title: Address:			

is:	
The public benefit for which the corpor	ration is organized is:
The specific public benefit(s) to be crea	ated by the corporation (in addition to the above) is/are as follows (optional):
	
The additional qualifications of Benefit	Director(s), if any, are as follows:
	
	nefit Director(s) and/or Benefit Officer(s), if any:
The name(s) and address(es) of the Ben Name and Title:	
The name(s) and address(es) of the Ben Name and Title:	Name and Title:
The name(s) and address(es) of the Ben Name and Title:	
The name(s) and address(es) of the Ben Name and Title:	Name and Title:
The name(s) and address(es) of the Ben	Name and Title: Address:
The name(s) and address(es) of the Ben Name and Title: Address:	Name and Title: Address: (Include attachment if necessary)
The name(s) and address(es) of the Ben Name and Title: Address: The corporation, in accordance with the	Name and Title: Address: (Include attachment if necessary) e required minimum status vote, terminates its status as a Florida Profit Socia
The name(s) and address(es) of the Ben Name and Title: Address: The corporation, in accordance with the	Name and Title: Address:

-	f amending or adding additional Articl (Attach additional sheets, if necessary).	(Be specific)
		
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		<u> </u>
		
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<u>11</u>	an amendment provides for an exchang rovisions for implementing the amendn	ge, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
_		

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The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
Effective date if applicable:	3-29-17	
effective date if applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficien	v the shareholders. The number of votes cast for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement roting 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)	
action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder	
Dated	3-27-19	
Signature		<u></u>
selected, by a	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary)	
	Ibis Brito	_
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	