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TO:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ACCOUNTANT & BUSINESS CONSULTANTS INC

Account Number : I20110000083 : (305)705-7922 Phone : (786)353-0976 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

INFO@DCCACCOUNTING.COM Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

Certificate of Status Certified Copy 0 05 Page Count \$35,00 Estimated Charge

GLOBAL AUTO CARE INC

OCT 1 2 2017 S. YOUNG

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COVER LETTER

| TO: Amendment Se Division of Co | | | | |
|--|--|---|--|--|
| NAME OF CORPO | ORATION: GLOBAL AUTO | CARE INC | | |
| DOCUMENT NU | P17000075603 | | | |
| The enclosed Article | es of Amendment and fee are su | bunitted for filing. | | |
| Please return all cor | respondence concerning this ma | tter to the following: | | |
| | RAFFAEL STANZIONE | | | |
| | | Name of Contact Person | n | |
| | GLOBAL AUTO CARE INC | <u>.</u> | | |
| | | Firm/ Company | | |
| | 181 NW 180 AVENUE | , <u> </u> | | |
| | | Address | | |
| | PEMBROKE PINES, FL 33 | | | |
| | | City/ State and Zip Cod | e | |
| | | • | | |
| IN. | FO@DCCACCOUNTING.COM | | | |
| | E-mail address: (to be u | sed for future annual report | notification) | |
| For further informat | ion concerning this matter, pleas | se cail: | | |
| RAFFAEL STANZIONE | | at (305 | 3350434 | |
| Nam | ne of Contact Person | Area Code & Daytime Telephone Number | | |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | artment of State: | |
| S35 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) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisio Clifton 2661 E | Address Innent Section on of Corporations Building Executive Center Circle ussee, FL 32301 | |

Articles of Amendment to Articles of Incorporation of

| GLOBAL AUTO CARE INC | |
|--|---|
| (Name of Corporation as c | currently filed with the Florida Dept. of State) |
| P17000075608 | |
| (Document Nu | imber of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation: | es, this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporat | tion: |
| | The new |
| name must be distinguishable and contain the word "cor," "Orp.," "Inc.," or Co.," or the designation "Corp.," "Inc. word "chartered," "professional association," or the abbrev. | poration," "company," or "incorporated" or the abbreviation c," or "Co". 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 <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | 8 2: 8 2: |
| | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a | ice address in Florida, enter the name of the address: |
| Name of New Registered Agem | |
| | |
| 1F16 | orida street addressj |
| N 5 : 100 111 | P121- |
| New Registered Office Address: | , Florida (City) |
| | , |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I om fa | |
| | |
| Signature o | f 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:

 $P \sim President; \ V \sim Vice President; \ Treasurer; \ Sresectory; \ D \sim Director; \ TR \sim Trustee; \ Cross-Chairman or Clerk; \ CEO \sim Chief Executive Officer; \ CFO + Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doc 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 | PT | John Doc | |
|-------------------------------|--------------|-------------------|---------------------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addies</u> s |
| 1) Change | Р | LUIS E TOVAR | 181 NW 180 AVE |
| Add | | | PEMBROKE PINES, FL 3329 |
| Remove | | | |
| 2) Change | P | RAFFAEL STANZIONE | 3377 W 90TH STREET |
| X Add | | | HALEAH, FL 33018 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | | · — — · · · · · · · · · · · · · · · · |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| <u>icles, enter change(s) here</u> : (Be specific) |
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| hange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself: |
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Page 7 of 7

the

| The date of each | amendment(s) ad | option: | | | | | if other than |
|-------------------|---|--|-------------------|------------------|----------------|----------------|----------------------|
| date this documen | nt was signed. | | | | • | | • |
| Effective date if | applicable: | | ···· | | | | |
| | | (no m | are than 90 day | s after amendi | nent file date | :) | • |
| | e inserted in this bl tive date on the Dep | | | statutory filing | requiremen | its, this date | will not be listed a |
| Adoption of Am | endment(s) | (CHECK C | DNE) | | • | | |
| | nt(s) was/were ado; olders was/were sul | | | per of votes ca | st for the am | endment(s) , | |
| | nl(s) was/ware apportedly provided for a | | | | | | |
| The nu | mber of votes cust f | or the amendment(| s) was/were suf | licient for appr | oval . | • : | |
| · · · by | | . (votung gro | | | ·" | | |
| , action was not | ent(s) was/were ado; required. ent(s) was/were ado; | | | | | | |
| action was no | • • | proce by the incorpo | | | | | |
| | 10/10/2017 Dated | | | - | | | |
| | Signature | 16. | M. | | •• | | |
| | (By a di selected | rector, president of i, by an incorporate ed fiduciary by that | u – il id the han | | | | - |
| | | LUIS E TOVAR | | | | • • | |
| | | (Typed | or printed name | of person sign | ing) | , | |
| | | PRESIDENT | · | | • | . • | |
| *. • | : | · · · · · · · · · · · · · · · · · · · | (Title of per | zon signing) | | | * |