Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

10:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ACCOUNTANT & BUSINESS CONSULTANTS INC

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

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

Email Address:\_\_\_\_\_INFO@DCCACCOUNTING.COM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN GLOBAL AUTO CARE INC

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Amend

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Corporate Filing Menu

Help

## COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: GLOBAL AUTO	CARE INC	
DOCUMENT NUM	BER: P17000075608		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	RAFFAEL STANZIONE		
		Name of Contact Person	1
	GLOBAL AUTO CARE INC		
		Firm/ Company	
	181 NW 180 AVENUE		
	··· ·· ··· ··· ··· ··· ··· ··· ···	Address	
	PEMBROKE PINES, FL 330	029	
		City/ State and Zip Cod	c
INF	D@DCCACCOUNTING.COM		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
RAFFAEL STANZI	ONE	305 at (	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	irtment of State;
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fce & 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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

on (if known)  of Corporation adopts the following amendment(s) to
ofit Corporation adopts the following amendment(s) to
The new
uny," or "incorporated" or the abbreviation refessional corporation name must contain the
rida, enter the name of the
, Florida
(Zip Code)
- E

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	V	LUIS E TOVAR	181 NW 180 AVE
_X Add			PEMBROKE PINES, FL 3329
Remove			
2) Change			
Add			<del></del>
Remove			<del>_</del>
3 ) Change			
Add			
Remove			
4)Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Ađơ			
Panyana			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach <i>additional sheets, if necessary). (Be specific)</i>		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption this document was signed.	otion:, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Depa	ek does not neet the applicable statutory filing requirements, this date will not be listed as the riment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
"The number of votes east for	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
Dated 10/25/2	2017
Signature	11/2
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court induciary by that fiduciary)
	RAFFAEL STANZIONE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)