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COVER LETTER

TO: Amendment Secti Division of Corpo						
NAME OF CORPOR	ATION: GLO	BAL PARTS	SOLUTION	CORP		
DOCUMENT NUMB	P170	00045800				
The enclosed Articles	of Amendment and fee a	are submitted for filing.				
Please return all corres	pondence concerning th	is matter to the following	ng:			
	EFRAIN LAMAS					
	Name of Contact Person					
	Firm/Company 6267 NW 190 TERRACE Address					
		Addre	ss			
	HIA	ALEAH, FL.	33015			
		City/ State and	Zip Code			
	LAM.	ASDCHOL OH	OTMAIL. COM			
	E-mail address: (to	ASOCHOA OH be used for future annu	ual report notification)			
For further information	n concerning this matter.	please call:				
EF	FRAIN LAMA of Contact Person	5 at (754, 204	1-6482		
Name o	of Contact Person		Area Code & Daytime	e Telephone Number		
Enclosed is a check fo	r the following amount r	made payable to the Flo	rida Department of Sta	ite:		
\$35 Filing Fee	□\$43.75 Filing Fe Certificate of Sta		by Certification opy is Certified	te of Status Copy nal Copy		
	ling Address		Street Address			
Amendment Section			Amendment Section			
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building			
P.O. Box 6327 Taltahassee, FL 32314			2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

OI

GLOBAL PARTS SOLUTION CORP (Name of Corporation as currently filed with the Florida Dept. of State) P17000095800 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,4006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. 17100 NW 2nd CT B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) MIAHI GARDENS, FL. 33169 C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX)</u> D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of 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, Sully 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: <u>X</u> Change	<u>PT</u> <u>Jol</u>	<u>hn Doe</u>				
X Remove	<u>V</u> <u>Mi</u>	Mike Jones				
<u>X</u> Add	<u>SV</u> <u>Sai</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1) X Change	PT	ALEXANDRA CACERES R.	20641 SW 125TH AVE.			
Add			MIAHI, FL 33177			
Remove						
2) Change	<u>PT</u>	EILYN A, BELTRAN	1424 NE MIAMI PL.			
X Add			APT 3112			
Remove			MIAMI, FL. 33132-1384			
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	litional Articles, enter change(s) here: necessary). (Be specific)	
, , , , , , , , , , , , , , , , , , , 		

	N/A	
		·
an amendment provides provisions for implement (if not applicable, inde	for an exchange, reclassification, or cancellation of issuing the amendment if not contained in the amendment it cate N/A)	sed shares, lself:
	N/A	
		,

The date of each amendment(s) adoption: $\frac{09/05/2019}{}$	if other than the
date this document was signed.	, if the mail are
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 $\frac{100 \text{V}_{0}}{\text{(voting group)}}$	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 09/05/2019	
Dated	_
(By a director, president or other officer – if directors of officers have not occur	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
EFRAIN LAMAS	
(Typed or printed name of person signing)	
INCORPORATOR	
(Title of person signing)	