## P17000099800

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	GLOBAL PARTS	S SOLUTION CORP		
DOCUMENT NUMBER:	P17000095800			
The enclosed Articles of Amendi	nent and fee are sul	bmitted for filing.		
Please return all correspondence				
	EFRAIN LAMA	S		
		Name of Contact Person		
		Firm/ Company		
	6267 NW 190th 7	TERRACE		
	Address			
MIAMI, FL 33015				
		City/ State and Zip Code	?	
	lamasochoa@ho	tmail.com		
E-ma	il address: (to be us	sed for future annual report	notification)	
For further information concerni	ng this matter, plea	se call:		
EFRAIN LAMAS		754 at (	204-6482	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for the follow	wing amount made	payable to the Florida Depa	artment of State:	
-	3.75 Filing Fee & nificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

GLOBAL PARTS SOLUTION CORP			
(Name of Corporation as current	ly filed with the Florida Dep	it. of State)	
P17000095800			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation a	dopts the following amo	endment(s) to
A. If amending name, enter the new name of the corporation:			
		The	new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A prof <mark>essional corporation i</mark>		
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	·		<del></del>
	<del></del>	7 7.20	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the na		
new registered agent and/or the new registered office address	<u>E</u>	; <del>``</del>	
Name of New Registered Agent			
	·-	· = = = = = = = = = = = = = = = = = = =	11,
(Florida st	reet address)	The second second	
N . D		. Florida	
New Registered Office Address:	(City)	, Florida (Zip Code)	<del></del>
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligation	is of the position.	
Signature of New R	egistered Agent, if changing		
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.		

. 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 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.

X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	PT	EILYN A BELTRAN	1424 NE MIAMI PL	
Add			APT 3112	•
X Remove			MIAMI, FL 33132-1384	•
2) Change	PT	EDWIN ANTONIO MEJIA GIL	7345 NW 32nd AVE	
X Add			MIAMI, FL 33147	
Remove 3) Change				-
Add				
Remove				
4) Change				
Add				-
Remove				
5) Change				
Add				
Remove				
δ) Change				
Add				
Remove				

Attach additional	iding additional Ar sheets, if necessary).	(Be specific)	ing a light of		
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If an amendment	provides for an exc	hange, reclassifi	cation, or cancell	ation of issued sh	ares.
provisions for im	plementing the amable, indicate N/A)	endment if not c	ontained in the a	mendment itself:	
(ij not applict	tota, thatcate NA)				
	<del></del>		<del></del>		
					<del></del>
					-
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. The date of each amendment(s) adoption:	1st of July 2020	, if other than the
date this document was signed.	-	, il other than the
Effective date <u>if applicable</u> :	1st of July 2020	
	(no more than 90 days after amendm	ient file date)
Note: If the date inserted in this block doe document's effective date on the Departmen		requirements, this date will not be listed as the
Adoption of Amendment(s) (	CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	he incorporators, or board of directors wi	ithout shareholder action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient		ist for the amendment(s)
The amendment(s) was/were approved by must be separately provided for each vol	the shareholders through voting groups.  ing group entitled to vote separately on the	
"The number of votes east for the a	mendment(s) was/were sufficient for appr	roval
byEILYN A BELTRAN (1009	VOTES)	,"
	voting group)	
16th of October Dated	2020	
Signatura		$\mathcal{O}$
selected, by un	resident or other officer – if directors or o ncorporator – if in the hands of a receiver ary by that fiduciary)	
EILY	N A BELTRAN	
	(Typed or printed name of person sign	ing)
	PRESIDENT	
<del></del>	(Title of person signing)	