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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GAEL AUTO SAI	LES CORP			
DOCUMENT NUMB	ER: P18000006747				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	EDWARD	MEJIA			
	Name of Contact Person				
	TAX BUREAU SERVICE CORP				
-		Firm/ Company			
	1835 NW 112TH AVE SUITE 164				
-	Address				
	MIAMI FL	. 33172			
-		City/ State and Zip Cod	e		
t	EDMEJIA@TBSTAX.NET				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
EDWARD MEJIA		at ( <u></u>	9964212		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	pnyable 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircTallahassee, FL 32301		Iment Section on of Corporations i Building Executive Center Circle			

## Articles of Amendment to Articles of Incorporation of

## GAEL AUTO SALES CORP

( <u>Name</u>	of Corporation as currently filed with	the Florida Dept. of State)	<del></del>
P18000006747			
	(Document Number of Corporation	ı (if known)	<del></del>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida Prof	Tit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must he distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "companation "Corp," "Inc," or "Co", A projetion," or the abbreviation "P.A."	w." or "incorporated" or the abi	The new breviation ontain the
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if appli		,	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
	<del></del>		
			<del></del>
	id/or registered office address in Florid	la, enter the name of the	
new registered agent and/or the new Name of New Registered Agent	TAX BUREAU SERVICE CORP		
	1835 NW 112TH AV SUITE 164		
	(Florida street address)		
New Registered Office Address:	MIAMI	. Florida 33172	
New Registered Office Manters.	(Ciry)	(Zip Ce	ode)
New Registered Agent's Signature, if c	hanging Dagistarud Agants		
hereby accept the appointment as regist	ered agent. I am familiar with and acce	pt the obligations of the position.	
	( Must)	ZIII S TALLAH	مماسع
	Signature of New Registered Ag	ent, if changing S	
			M
		riida Saat iko	U

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	ANA CRISTINA MESSINA DE LA	6871 SW 157TH CT		
X Add			MIAMI FL 33193		
Remove					
2) Change	THES	MADIEL RAFAEL TORIBIO	6871 SW 157TH CT		
X Add			MIAMI FL 33193		
Remove					
3 ) Change	SEC	PEDRO DOMINGUEZ	2780 NE 183RD ST NUM 1707		
XAdd			AVENTURA FL 33160		
Remove					
4) Change	VP	PEDRO DOMINGUEZ	2780 NE 183RD ST APT1707		
Add			AVENTURA FL 33160		
X Remove					
5) Change					
Add					
<del></del>					
Remove			_		
6) Change					
Add					
Remove					

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an amendment pro- provisions for imple	<u>menting the ame</u>	nange, reclassifica ndment if not con	tion, or cancellation tained in the amenc	of issued shares, Iment itself:	
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
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 document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by	
(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 + 08/22/18	
Signature Comments	V
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<del></del>
PEDRO J DOMINGUEZ	
(Typed or printed name of person signing)	
The contact	V
(Title of person signing)	<del></del> -