## P18DD059498

(Re	equestor's Name)	<del> </del>
(Ac	Idress)	
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(Ci	ty/State/Zip/Phone	#)
_	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## COVER LETTER

TO: Amendment Section

Division of Corporations HAMIE OF CORPORATION: GOT PERMIT, INC. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GOT PERMIT, INC. Firm Company N. MIAMI BEACH, FL. 33162 Malana @ COT DERMIT PRO . COM E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & □\$43.75 Filing Fee & **□\$**52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Cliffon Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 5327

## Articles of Amendment

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## Articles of Encorporation

**E**-1.

(Name of Corporation as currently files	l with the Florida Bept. of State)
P1900059498	
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> statutes, this <i>Florida</i> statutes of Incorporation:	de Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," " "Corp," "Inc.," or Co," or the designation "Corp," "Inc." or "Co" word "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the
B. Enter new principal office address, if applicable:  (Frincipal office address INVIST BE A STREET, ADDRESS)	
C. Enter new malling address, Happlicable: (Mailing address MAYEE A POST OFFICE BOX)	ZELVICE 23 M
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Flortda, ester ilia rame of ilia
Name of New Registered Agent	
tFlorida street ad	dressi
New Registered Office Address:	, Florida
(Ciṇ)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	nd accept the obligations of the position.
Signature of New Registe	ered 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 = Charman 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: XChange	PT John I	<u>Doe</u>	
X Remove	V <u>Mike</u> .	Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	Title	N <u>ame</u>	<u>Add:ress</u>
1) Change Add Remove	VP.	MIGUEL A. LIVERA	1909 NE 169 ST N. MIAMI BEACH FL. 33162
2) Change Add Remove	•		
3 ) Change  Add  Remove			
4) Change Acd Remove		<del></del>	· · · · · · · · · · · · · · ·
5) ChangeAdd Remove	<u>.</u>	· <del></del> -	
6) Change Add Remove			

	heets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:, if other than the late this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Fole: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
Liophon 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 08/21/2018
Signature  (By a resident or over officer – if directors or officers have not been
ec, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Mariana Couyer (Typed or printed name of person signing)
PRESIDENT (Title of person signing)

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