## P18000059498

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amend

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: GOT PERMIT, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: COLLYER, MARIANA Name of Contact Person GOT PERMIT, INC. Firm/ Company 1909 NE 168TH ST. Address NORTH MIAMI BEACH, FL 33162 City/ State and Zip Code MARIANA@GOTPERMITPRO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 502-3921

Area Code & Daytime Telephone Number COLLYER, MARIANA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$43.75** Filing Fee & ■ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

GOT PERMIT, INC.

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P18000059498	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation N/A	<u>n:</u>
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviate	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A B
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	
Name of New Registered Agent N/A	
(Florid	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family	
Signature of N	lew 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, 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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
<u>X</u> Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	LIVERA, MIGUEL A	1909 NE 168 ST.
Add				N. MIAMI BEACH, FL 33162
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	<del></del>			· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	<del></del>	<b>_</b>		
Add				
Remove				

(Attach additional sneets, y necessary). (De specific)	E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
N/A			
	····		
	.=		
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)			
N/A			
	· · · · · · · · · · · · · · · · · · ·		

12/03/2018
he date of each amendment(s) adoption:, if other than the this document was signed.
ffective date if applicable:
(no more than 90 days after amendment file date)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.
doption 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)
(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 203 2018 Signature
(By a director, president of 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)
Marana Callyr
(Typed or printed name of person signing)
tresident.
(Title of person signing)