P1800085595

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: GIGI CAR INC.				
DOCUMENT NUMI	P18000085595				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	AHMED AHMED				
		Name of Contact Perso	n		
	GIGI CAR INC				
		Firm/ Company			
	5102 MILE STRECH DRIVE				
		Address	· · · · · · · · · · · · · · · · · · ·		
	HOLIDAY FLORIDA 34690)			
		City/ State and Zip Cod	le		
ALL	REPAIRS@GMAIL.COM				
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	e call:	7273126660		
Name	of Contact Person		ode & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made		·		
■ \$35 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

2018 NOV 13 PM 2:59

GIGI CAR INC

(Name of Corporation as currently filed with the Florida Dept. of State) Las TASY OF STATE P18000085595 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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; (City) 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, 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>	<u>John Doe</u>			
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>	Address		
1) Change	Р	AHMED M AHMED	5102 MILE STRETCH DR		
X Add			HOLIDAY, FL 34690		
Remove					
2) Change	VP	ENGY F MOUSTAFA	5102 MILE STRETCH DR		
Add			HOLIDAY, FL 34690		
X Remove					
3) Change					
Add					
Remove					
4) Change					
Add			- 		
Remove					
5) Change					
Add			_		
Remove					
			· · · = - · · · · · · · · · · · · · · · · 		
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)		
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			<u> </u>
an amendment provides for an exch	ange, reclassification, or	cancellation of issued sl	ares.
provisions for implementing the ame	ndment if not contained	in the amendment itself:	
(if not applicable, indicate N/A)			
			······································

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
Effective date <u>if applicable</u> : (no more than 90 days after amendment file de	
(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	nmendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendation.	wing statement nent(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 an action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder.	
action was not required.	
Dated 111912018	
Signature ENGY MOUS tafa	
(By a director, president or other officer – if directors or officers ha	
selected, by an incorporator – if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	or other court
ENGY Moustafa (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Vρ	
(Title of person signing)	

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