## P180000 91408

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: GMA VALET PA                        | RKING INC  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|
|                         | BER: P18000091408                           |  |  |  |  |  |
| The enclosed Articles   | s of Amendment and fee are su               | bmitted for filing.  |  |  |  |  |
| Please return all corre | espondence concerning this ma               | tter to the following:   |  |  |  |  |
|                         | ALAIN GARCIA                                |  |  |  |  |  |
|                         | Name of Contact Person                      |  |  |  |  |  |
|                         | GMA VALET PARKING IN                        | IC   |  |  |  |  |
|                         | Firm/ Company                               |  |  |  |  |  |
|                         | 499 SE CALMOSO DR                           |  |  |  |  |  |
|                         | Address                                     |  |  |  |  |  |
|                         | PORT ST LUCIE, FL 34983                     |  |  |  |  |  |
|                         |   | City/ State and Zip Cod  | e  |  |  |  |
| rsvta                   | xaccounting@hotmail.com                     |  |  |  |  |  |
|                         | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |  |  |  |
| For further information | on concerning this matter, pleas            | se call:   |  |  |  |  |
| ALAIN GARCIA            |   | 954<br>at (  | 479-8501   |  |  |  |
| Name                    | of Contact Person                           | Area Co  | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for | or the following amount made                | payable 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) |  |  |  |
| <b>N</b> 1              | ilina Addrage                               | O444   | Addrose  |  |  |  |

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VISION OF CORPORATION

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

GMA VALET PARKING INC

| (Name of Corporation as curren  | itly filed with the Florida Dept. of State)       |  |
|---|---|--|
| P18000091408  |   |  |
| (Document Number  | of Corporation (if known)                         |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:  | s Floridu Profit Corporation adopts the following | ng amendment(s) t  |
| A. If amending name, enter the new name of the corporation:   |   |  |
| N/A   |   | The new  |
| name must be distinguishable and contain the word "corporati<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must        | <br>ibbreviation   |
| P. Enter new actional office address: if applicables  | N/A   |  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |   | <del></del>  |
|   |   | <del></del>  |
|   |   |  |
| C. Enter new mailing address, if applicable:  |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | N/A   | <del></del>  |
|   |   |  |
|   |   |  |
|   | · · · · · · · · · · · · · · · · · · ·             | <del></del>  |
| D. If amending the registered agent and/or registered office add  |   |  |
| new registered agent and/or the new registered office addres  | <u>ss:</u>  |  |
| Name of New Registered Agent  |   | - <del>-</del>   |
|   |   | - 25 ES - 25 E |
| (Florida s  | rtreet address)                                   | 場の質  |
| New Registered Office Address:  | , Florida   | <u> </u>   |
|   | (City) (Zip                                       | Code SEE   |
|   |   | Shi  |
| New Registered Agent's Signature, if changing Registered Agen   | nt·   | - 第  |
| I hereby accept the appointment as registered agent. I am familiar  |   | 35   |
|   |   |  |
|   |   |  |
| Signatura of Mino   | Registered Agent, if changing                     | _  |
| Signature of New  | Registerea Agent, y 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>РТ</u> | John Doe     |                         |
|----------------------------|-----------|--------------|-------------------------|
| X Remove                   | <u>V</u>  | Mike Jones   |                         |
| X Add                      | <u>SV</u> | Sally Smith  |                         |
| Type of Action (Check One) | Title     | <u>Name</u>  | Address                 |
| 1) X Change                | ₽         | ALAIN GARCIA | 499 SE CALMOSO DR       |
| Add                        |           |              | PORT ST LUCIE, FL 34983 |
| Remove                     |           |              |                         |
| 2) X Change                | <u>v</u>  | ALIET GARCIA | 499 SE CALMOSO DR       |
| Add                        |           |              | PORT ST LUCIE, FL 34983 |
| Remove                     |           |              |                         |
| 3) Change                  |           |              |                         |
| Add                        |           |              |                         |
| Remove                     |           |              |                         |
| 4) Change                  |           | _            |                         |
| Add                        |           |              |                         |
| Remove                     |           |              |                         |
| 5) Change                  |           |              |                         |
| Add                        |           |              |                         |
| Remove                     |           |              |                         |
| 6) Change                  | <u> </u>  |              |                         |
| Add                        |           |              |                         |
| Remove                     |           |              |                         |

| E. If amending or adding additional Arti<br>(Attach additional sheets, if necessary). | (Be specific)   |
|---|---|
| N/A   |   |
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| F If an amendment provides for an eyeb  | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer  | ndment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)   |   |
| N/A   |   |
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| 08/29/2019 The date of each amendment(s) adoption:   | if other than the   |
|--|---------------------|
| date this document was signed.   | , ii other than the |
| Effective date if applicable:  |                     |
| (no more than 90 days after amendment file date)   |                     |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.              | ot 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 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 east 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.   |                     |
| 08/29/2019   |                     |
| Dated  |                     |
| Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |                     |
| Signature (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)   |                     |
| ALIET GARCIA   |                     |
| (Typed or printed name of person signing)  |                     |
| PRESIDENT  |                     |
| (Title of person signing)  |                     |