P20000089768

(Requestor's Name)			
(Address)			
(Address)			
(Addiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
-			
}			
L			

Office Use Only



100357492991

01/11/21--01006--017 **35.00

21.1.2.11 PM 1:56

COVER LETTER

. . .

Division of Corp		•	 C		
NAME OF CORPO	RATION: G Power Towing Is	nc			
	BER: P20000089768				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Doraysy Lauzan				
	Name of Contact Person				
	Firm/ Company 8400 S Dixie Highway Apt 1610				
	Address Miami, Fl 33143				
	City/ State and Zip Code				
For further informati	E-mail address: (to be us	sed for future annual report	notification)		
Name	of Contact Person	at (at ()de & Daytime Telephone Number		
	or the following amount made				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassec, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

G Power Inc.	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P0000089768	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
G Power Transport Inc.	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>N/A</u>
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office 	
Name of New Registered Agent N/A	
New Registered Office Address:	(Florida street address) . Florida
	(City) (Zip Code)
iew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	
Signature	of New Registered Agent, if changing

eck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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
l)Change		N/A 	
Add			
Remove			
2) Change		N/A	
Add			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Remove) Change		N/A	
Add			
Remove			
Change		N/A	
Add			
Remove			
Change		N/A	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
IV/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)
₹/A

T1	12/30/2020	if other than th
The date of each amendment(s) add date this document was signed.	puon:	, if other than th
12/30	20	
Effective date <u>if applicable</u> :	20	
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ador action was not required.	ted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ador by the shareholders was/were suf	ted by the shareholders. The number of votes east for ficient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The fourth voting group entitled to vote separately on the ame	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	"	
·,	(voting group)	
	cetor, president or other officer - if directors or officers	
	by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	ee, or other court
-	DORCYJY LOUTON (Typed or printed name of person signing)	
	President.	
-	(Title of person signing)	.