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COVER LETTER

Division of Corporations
NAME OF CORPORATION: GKE AUTOCLUB INC
DOCUMENT NUMBER: P23 000036308
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GERREN SAPP Name of Contact Person
228 BRUCE RO
Address TO S 2333 City/ State and Zip Code
Gerreng alceartochoine. Com JE-mail address: (to be-used for future annual report notification)
For further information concerning this matter, please call:
SERREN IC SAPP at (448), 213, 2788 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
t
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation	
GKE AUTOCLUB" INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(SKE AUTOCLUB INC # P23000036) (Document Number of Corporation (if known)	<u>30</u>
(Botalistic Fallion of Corporation (it known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment its Articles of Incorporation:	ıt(s) to
A. If amending name, enter the new name of the corporation:	
The new	
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."	
7889 W FLAODE	CT
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	۱ ک
Unit ES -	
Tallahacset El 32212	
1 00 110001 95305	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
HAVANA FL 32333	
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	
228 BRUCTE KD	
(Florida street address)	
New Registered Office Address: 17A-VANA Florida 32333	
(City) (Zip Code)	
Now Designated Agent's Signature of changing Designated Agents	
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.	
• 1	
Signature of New Registered Agent, if changing	
Signature of New Registered Agent, if changing Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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>	<u>John Doc</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
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach ad	ing or adding additional Ai ditional sheets, if necessary)	. (Be specific)				
					 	
-						
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F. If an ame	ndment provides for an ex	change, reclassific	ation, or cancel	lation of issued s	hares,	
<u>provision</u> (if no	ns for implementing the an ot applicable, indicate N/A)	iendment it not co	infained in the a	<u>imendment itsell</u>	<u>L:</u>	
	•					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without saction was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for to by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Signature (By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	· · · · · · · · · · · · · · · · · · ·