## P97000008360

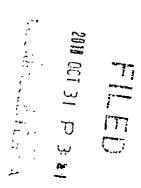
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: N & G CAR	SERVICE INC			
DOCUMENT NUMBER: P9700000836	0			
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
ANTOUN MAALOUF	<del>-</del>			
Name of Contact Person				
·	Firm/ Company			
75 ELLINGTON PLACE				
	Address			
OVIEDO, FL 32765				
City/ State and Zip Code				
MATTAMAHA@GMAIL.C	COM			
E-mail address: (to be	COM used for future annual report notification)			
For further information concerning this matter, ple	asc call:			
ANTOUN MAALOUF	at (407) 657-5885 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	e payable to the Florida Department of State:			
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$\int_{\$52.50\$ Filing Fee}\$  Certificate of Status  Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations  Division of Corporations  Division of Corporations  Clifon Building			
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

N & G CAR SERVICE INC			
(Name o	of Corporation as currently	filed with the Florida Dept. of	State)
P97000008360			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicable:		N/A	
(Principal office address <u>MUST BE A S</u>			
		<u> </u>	<del></del>
C. Enter new mailing address, if appli		N/A	
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX	-	<del></del>
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the name o	of the
new registered agent and/or the nev			
Name of New Registered Agent	ANTOUN MAALOUF		
	75 ELLINGTON PL		
	(Florida stree	et address)	
New Registered Office Address:	OVIEDO	, Fl	orida_32765
	(1	City)	(Zip Code)
New Registered Agent's Signature, if cl	nanging Registered Agent:		
I hereby accept the appointment as regist		ith and accept the obligations of	
			200 200 200 200 200 200 200 200 200 200
Y	ANTOUN MAAL	7,2 =	8 7
^		gistered Agent, if changing	W
			U ' ' ' '

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	PT	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
1) Change	Р	NAJI MAALOUF	7359 WINDING LAKE CIR
Add			OVIEDO, FL 32765
X Remove			
2) X Change	<u>P</u>	ANTOUN MAALOUF	75 ELLINGTON PL
Add			OVIEDO, FL 32765
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
0 0			
6) Change		<del>-</del>	
Add			
Remove			

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

The date of each amendment(s) adop	tion: OCTOBER 18, 2018	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this blocdocument's effective date on the Department.		requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes castient for approval.	t for the amendment(s)
	ved by the shareholders through voting groups. ch voting group entitled to vote separately on th	
"The number of votes cast for	the amendment(s) was/were sufficient for appro	val
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action	on and shareholder
Dated	-19-2018 ANTOUN MAALONF	
Signature	ANTOUN MAALONE	
(By a dire	etor, president or other officer - if directors or o	fficers have not been
	by an incorporator – if in the hands of a receiver,	trustee, or other court
арроппец	fiduciary by that fiduciary)	
,	ANTOUN MAALOUF	
<u></u>	(Typed or printed name of person signif	ng)
	PRES	
_	(Title of person signing)	