P9700008360

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: N& G CAR SER	VICES INC	
DOCUMENT NUMBER: P97000008360		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
KRISTIN MAJEWSKI		
	Name of Contact Person	1
	Firm/ Company	
217 BERRY RD		
	Address	
PENSACOLA, FL 32507		
	City/ State and Zip Cod	2
AIMFINANCIAL1@GMAIL.CO	0M	
E-mail address: (to be t	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	
KRISTIN MAJEWSKI	at (512-7518
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

N&G CAR SERVICES INC.

FILED

(Name o	f Corporation as curre	ntly filed with the Florida D	
P97000008360			2019 AUG 14 P 11 15
Pursuant to the provisions of section 607. its Articles of Incorporation:		of Corporation (if known) is Florida Profit Corporation	SECRETARY OF STATE FALLAHASSEE, FLORIDA and adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corp	rporated" or the abbreviation
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli		N/A	
(Mailing address <u>MAY BE A POST</u> (<u>OFFICE BOX</u>)		
		 -	
D. If amending the registered agent an	d/or registered office ac	ldress in Florida, enter the r	name of the
new registered agent and/or the nev			<u> </u>
Name of New Registered Agent	NAJI MAALOUF		
	7359 WINDING LAKE	CIRCLE	
	(Florida	street address)	
New Registered Office Address:	OVIEDO		, Florida 32765
<u></u>		(City)	(Zip Code)
Name Descriptional Associate Company of a	hanniam Danistanad Ana		
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			ions of the position.
	1	1	
	Signature of Nev	Registered Agent, if changir	ıg

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> John Doe X Remove <u>V</u> Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) ANTOUN MAALOUF 75 ELLINGTON PL 1) ____ Change OVIEDO, FL 32765 Add Remove NAJI MAALOUF 7359 WINDING LAKE CIRCLE 2) ____ Change OVIEDO, FL 32765 Add Remove VP RITA MAALOUF 7359 WINDING LAKE CIRCLE 3) ____ Change OVIEDO, FL 32765 Add Remove D JOHN MAALOUF 7359 WINDING LAKE CIRCLE 4) ____ Change **OVIEDO. FL 32765** _ Add ____ Remove 5) ____ Change ____ Add __ Remove 6) __ Change ____ Add Remove

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

8.1.19
The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(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.
Dated $\frac{8}{5} \int_{1}^{5} q$
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
(Typed or printed name of person signing)
(Lyped or printed name of person signing)
ANTOUN MAALOUF President
(Title of person signing)