

LI50000 L8189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

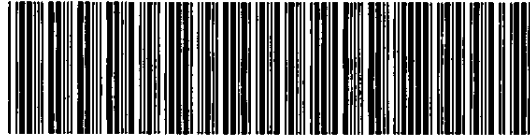
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Car Konnection LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John V. Palmer Jr.
Name of Person

Firm/Company

871 Ibis Walk Place N Apt. 9304
Address

St. Petersburg, FL 33716
City/State and Zip Code

John.V.Palmer81@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John V. Palmer Jr. at (917) 617-8220
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

Global Car Connection LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/30/2015 and assigned Florida document number 415000018189.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

World Source Auto, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

540 N. State Road 434
Suit 11B
Altamonte Springs, FL 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

540 N. State Road 434
Suit 11B
Altamonte Springs, FL 32714

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR ⇔ **Manager**
AMBR = **Authorized Member**

AMBR = Authorized Member

[illegible]

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

April 3, 2015

John V. Palmer Jr.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Palmer Jr., John V.

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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