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COVER LETTER

Division of Co	orporations		
SUBJECT:	GHP Auto	Export LLC	
30bjec1.	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	No	elson Luderkin Amparo Liriano	
		Name of Person	
		GHP Auto Export LLC	
		Firm/Company 17121 NW 2nd CT	
		17121 NW 2nd CT	
		Address	
		Miami Garden FL 33169	
	GHPAÙIC	City/State and Zip Code DEXPORT@HOTMAIL.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Glori H	ernandez.	917 - 216-41'	74
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	the following amount:		•
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

'TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GHP Auto Export	LLC		•
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our re- Liability Company)	cords_)	
The Articles of Organization for this Limited Liability Company Florida document number 47-4707591	were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		:	he name of the ne
New Registered Office Address:	8301 NW 27th AVE	3. AD	
New Registered Office Address.	Enter Florida street ad Miami City	Florida	33147 CZip Code
New Registered Agent's Signature, if changing Registered Agent:		RID.	56 56
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and I am fa 05, F.S. Or, ij	miliar with and in this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

·MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner	Nelson Luderkin Amparo Liriano	8301 NW 27th AVE. Miami FL	= Add
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			Remove
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			□ Remove
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			Remove
			☐ Change

•	- '	ion, enter change(s) here: (Attach addit	, , , , , , , , , , , , , , , , , , ,) ,		به به
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(If an effective Note: If the	e date inserted in this bloc	09/29/2017 late of filing: be specific and cannot be prior to date of filing or not does not meet the applicable statutory filing partment of State's records.	(option nore than 90 days after fing requirements, this o	iling.) Purs	suant to	605.0207 (3 listed as th
	specifies a delayed of h day after the recor	effective date, but not an effective rd is filed.	time, at 12:01 a.	m. on t	he ea	rlier of:
Dated	08/29	2017				
<u></u>	× -	All the last of th				
_	-51	ignature of a member or authorized representative	e of a member			•
		Nelson Luderkin Amparo Liriano				

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Filing Fee: \$25.00