

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000199357 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUSANA BIJANI Account Number : I20180000088 Phone : (305)632-0520 Fax Number : (305)632-0520

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GMQ BRAKES LLC**

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| \$25.00 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

| | Registration Sec Division of Corp | | | |
|-------------|--------------------------------------|--|---|---|
| : SUBJEC | GMQ BRAI | KES LLC | | |
| SUBJEC | | Name of Lim | ited Liability Company | |
| The enclo | sed Articles of A | Amendment and fee(s) are sub | mined for filing. | |
| Please ret | um all correspor | ndence concerning this matter | to the following: | |
| | | JUAN CARLOS BERMUI | DEZ | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 14218 NE 2ND CTSTE 20 | | |
| | | <u> </u> | Address | |
| | | MIAMI, FL 33161 | | |
| | | ام ۱۰ ط | City/State and Zip Code | · ΜΛ |
| For furthe | r information co | | to be used for future august report notification in a gman. Conn. | <u> </u> |
| SUSANA | BIJANI | | 305 632-0520 | |
| | Name of | Person | . Area Code Daytime Teleph | none Number |
| Enclosed | is a check for the | e following amount: | | |
| ■ \$25.0 | 0 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$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 Address:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GMQ BRAKES LLC | | | |
|---|---|-----------------------------|-------------------------|
| (Name of the Limited Li (A F | iability Company as it now appears on our records.) lorida Limited Liability Company) | | - |
| The Articles of Organization for this Limited Liabili Florida document number L22000302996 | ity Company were filed on 07/07/2022 | and | assigned |
| This amendment is submitted to amend the following | og: | | |
| A. If amending name, enter the new name of the | limited liability company here: | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the | abbreviation | 1 "L.L.C." |
| Enter new principal offices address, if applicable | B | | |
| (Principal office address MUST BE A STREET A. | DDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registagent and/or the new registered office address he | tered office address on our records, enter the na | ame of the | new registered |
| | • | <u></u> | ~ ~ |
| Name of New Registered Agent: | | · | <u> </u> |
| New Registered Office Address: | | | |
| - | Enter Florida street address | | 1 |
| _ | , Florida | | 1.2 |
| | City | Zip C | ode == |
| New Registered Agent's Signature, if changing Regis | stered Agent: | - | |
| I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to merely reflect a change in the registery company has been notified in writing of this change. | nd complete performance of my duties, and I ar ed agent as provided for in Chapter 605, F.S. C stered office address, I hereby confirm that the | m familiar Or, if this a | with and locument is |

If Changing Registered Agent, Signature of New Registered Agent

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4 /5

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 |
|--------------|----------------------|--------------------------|----------------|
| AMBR | JUAN CARLOS BERMUDEZ | 14218 NE 2ND CT SUITE 2C | = Add |
| | | MIAMI, FL 33161 | |
| | | | □Change |
| | | • | □Add |
| | | | □Remove |
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record is filed.

E. Effective date, if other than the date of filing: (optional) (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3xb) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the Dated ____ ure of a member or authorized representative of a member RAQUEL ROYO Typed or printed name of signee

Filing Fee: \$25.00